


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90159 001 \*\*\*150.00

<b>DOCUMENT # P02000065880</b>			
1. Entity Name <b>HERITAGE OIL CORP.</b>			
Principal Place of Business <b>10448 OLD TAMPA BAY DR SAN ANTONIO, FL 33576</b>		Mailing Address <b>10448 OLD TAMPA BAY DR SAN ANTONIO, FL 33576</b>	
2. Principal Place of Business <b>3100 N OCEAN BLVD</b> Suite, Apt. #, etc. <b># 306</b> City & State <b>FT. LAUDERDALE, FL</b> Zip <b>33308</b>		3. Mailing Address <b>3100 N. OCEAN BLVD</b> Suite, Apt. #, etc. <b># 306</b> City & State <b>FT. LAUDERDALE, FL</b> Zip <b>33308</b>	
6. Name and Address of Current Registered Agent <b>TROCH, MICHAEL J 10448 OLD TAMPA BAY DR SAN ANTONIO, FL 33576</b>		7. Name and Address of New Registered Agent Name <b>TROCH, MICHAEL J</b> Street Address (P.O. Box Number is Not Acceptable) <b>3100 N OCEAN BLVD</b> <b># 306</b> City <b>FT. LAUDERDALE</b> <b>FL</b> Zip Code <b>33308</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TROCH, MICHAEL</b> <b>10448 OLD TAMPA BAY DR</b> <b>SAN ANTONIO, FL 33576</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3100 N. OCEAN BLVD, # 306</b> <b>FT. LAUDERDALE, FL 33308</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TROCH, LINDA</b> <b>10448 OLD TAMPA BAY DR</b> <b>SAN ANTONIO, FL 33576</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3100 N. OCEAN BLVD, # 306</b> <b>FT. LAUDERDALE, FL 33308</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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4. FEI Number  
**04-3691279** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**SIGNATURE:**  **Michael J. Troch** x **3/7/06** **813-785-6785**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Pres**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.