## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2005 08:00 AM Secretary of State

| DOCUMENT # P02000091705  1. Enity Name HERITAGE COASTAL, INC.   | Secretary of State                        |
|---|---|
| Principal Place of Business Mailing Address  1101 NORTH LAKE DESTINY ROAD 1101 NORTH LAKE DESTINY ROAD  SUITE 475 SUITE 475  MAITLAND, FL 32751 US MAITLAND, FL 32751 US  |   |
| DO NOT WRITE IN THIS SPAC   | 03182005 No Chg-P CR2E034 (10/03)         |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301  | DO NOT WRITE<br>IN THIS SPACE             |
| 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 typed of printed name of registered agent and title it applicable. (NOTE Registered Agent signature required when rehistating)  DATE   |   |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financi Trust Fund Contribution.   | S5.00 May Be Added to Fees                |
| TITLE P,D NAME BLACK, RONALD W STREET ADDRESS 1101 NORTH LAKE DESTINY ROAD, SUITE 475 CITY-ST-ZIP MAITLAND, FL 32751 TITLE NAME STREET ADDRESS  | U00000342995<br>04/29/05-80078-015 150.00 |
| CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | DO NOT WRITE                              |
| NAME SIREET ADDRESS CITY-ST-ZIP   | IN THIS SPACE                             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |
| TITLE NAMC STREET ADDRESS CITY-ST-ZIP   |   |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and appurate 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 empewered to execute this empewer 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 empewered. |   |
| SIGNATURE:  SIGNATURE:  SIGNATURE AND GPED OR PROTED NAME OF SIGNING OFFICE OR DIRECTOR  Date  Date  Date  Description Phone #  |   |