



2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000056856 1. Entity Name HERITAGE TRANSPORT, INC.						FILED 07 AUG 27 AM 10:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 3621 CLEVELAND AVE FORT MYERS, FL 33901				Mailing Address 3621 CLEVELAND AVE FORT MYERS, FL 33901			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				08232007 Chg-P CR2E034 (12/06) 4. FEI Number 02-0693865 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
Name Alvarez Sambol, Wintrop & Madson, P.A. Street Address (P.O. Box Number is Not Acceptable) 4315 metro Pkwy City Ft Myers FL Zip Code 33916				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
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 JAMES E. MOON, ESQ. <i>[Signature]</i> DATE 8/23/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent must be reappointed when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kenneth Berdick 2665 Cleveland Av. Ft. Myers FL 33901			TITLE NAME STREET ADDRESS CITY-ST-ZIP	400108849774 08/30/07--01045--016 **150.00		
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		
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		
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.							
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				8-23-07 239 3344157 <small>Date Daytime Phone #</small>			