


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90425 028 \*\*\*150.00


**DOCUMENT # P03000061950**  
 1. Entity Name  
**HERITAGE WEALTH MANAGEMENT, INC.**



Principal Place of Business Mailing Address  
**9100 BAYTOWN WHARF BLVD** **11206 FALL CREEK**  
**472** **INDIANAPOLIS IN 46236**  
**DESTIN FL 32440** **US**  
**US**

2. Principal Place of Business 3. Mailing Address  
**6209 Arnall Court**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Acnworth, GA**  
 Zip Country Zip Country  
**30101 USA**



1st MOORE CR2E034 (10/05)

4. FEI Number **51-0469927** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**JOHN F. COLOWICH, ESQ.**  
**4481 LEGENDARY DRIVE**  
**200**  
**DESTIN FL 32541**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
 Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CFO	<input type="checkbox"/> Delete
NAME	SCHRENKER, MICHELLE K	
STREET ADDRESS	9100 BAYTOWN WHARF BLVD., STE 470/472	
CITY-ST-ZIP	MIRAMAR BEACH FL 32550	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHRENKER, MARCUS	
STREET ADDRESS	9100 BAYTOWNE WHARF STE 470/472	
CITY-ST-ZIP	DESTIN FL 32550	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schrenker, Michelle K	
STREET ADDRESS	6209 Arnall Court	
CITY-ST-ZIP	Acnworth, GA 30101	
TITLE	CEO & Senior Advisor	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schrenker, Marcus	
STREET ADDRESS	6209 Arnall Ct.	
CITY-ST-ZIP	Acnworth GA 30101	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Michelle K. Schrenker** Date: **4-13-06** Daytime Phone #: **317-577-7861**