

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 29, 2007 8:00 am
Secretary of State

08-29-2007 90002 002 ***158.75

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1. Entity Name
**HERITAGE MARKETING AND CONSULTING
CORPORATION**



Principal Place of Business
**2235 SOUTH WOODLAND BLVD., SUITE 208
DELAND, FL 32720**

Mailing Address
**2235 SOUTH WOODLAND BLVD., SUITE 208
DELAND, FL 32720**

40150000



07232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3126223

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COIRO, ANTHONY T
1406 ANDERSON SDT
DELTONA, FL 32725**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COIRO, ANTHONY T 2235 SOUTH WOODLAND BLVD., SUITE 208 DELAND, FL 32720
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**DO NOT WRITE
IN THIS SPACE**

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 or without other like empowered.

SIGNATURE: ATC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-07
Date

386-740-0603
Daytime Phone #