

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000117995

FILED
Jun 18, 2009
Secretary of State**Entity Name:** HERITAGE MAINTENANCE & REPAIR, INC.**Current Principal Place of Business:**2567 WRIGHT AVE.
MELBOURNE, FL 32935**New Principal Place of Business:**2355 SADLER LANE
MELBOURNE, FL 32935**Current Mailing Address:**2567 WRIGHT AVE.
MELBOURNE, FL 32935**New Mailing Address:**2355 SADLER LANE
MELBOURNE, FL 32935**FEI Number:** 59-2413507**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**THOMAS, MILLER A
2567 WRIGHT AVE.
MELBOURNE, FL 32935 US**Name and Address of New Registered Agent:**MILLER, STACY L
2355 SADLER LANE
MELBOURNE, FL 32935 US

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.

SIGNATURE: STACY LYNN MILLER

06/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MILLER, THOMAS A
Address: 2567 WRIGHT AVE
City-St-Zip: MELBOURNE, FL 32935

Title: P () Delete
Name: MILLER, THOMAS A
Address: 2567 WRIGHT AVE
City-St-Zip: MELBOURNE, FL 32935

Title: S () Delete
Name: MILLER, THOMAS A
Address: 2567 WRIGHT AVE
City-St-Zip: MELBOURNE, FL 32935

Title: T () Delete
Name: MILLER, THOMAS A
Address: 2567 WRIGHT AVE
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MILLER, STACY L
Address: 2355 SADLER LANE
City-St-Zip: MELBOURNE, FL 32935

Title: P (X) Change () Addition
Name: MILLER, STACY L
Address: 2355 SADLER LANE
City-St-Zip: MELBOURNE, FL 32935

Title: S (X) Change () Addition
Name: MILLER, STACY L
Address: 2355 SADLER LANE
City-St-Zip: MELBOURNE, FL 32935

Title: T (X) Change () Addition
Name: MILLER, STACY L
Address: 2355 SADLER LANE
City-St-Zip: MELBOURNE, FL 32935

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACY LYNN MILLER

DIR

06/18/2009

Electronic Signature of Signing Officer or Director

Date