


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000122899**

1. Entity Name  
**PRESERVE AT HERITAGE OAKS DEVELOPMENT  
COMPANY**



Principal Place of Business      Mailing Address

**300 EAST NEW HAVEN AVENUE  
MELBOURNE, FL 32901**      **300 EAST NEW HAVEN AVENUE  
MELBOURNE, FL 32901**

**DO NOT WRITE IN THIS SPACE**



01062006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**20-0354140**      Not Applicable

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

6. Name and Address of Current Registered Agent

**PENCE, ROY J  
300 EAST NEW HAVEN AVENUE  
MELBOURNE, FL 32901**

**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 rehashing)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

Trust Fund Contribution.

100000448635  
03/09/06-80020-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PENCE, ROY J
STREET ADDRESS	300 EAST NEW HAVEN AVENUE
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 all other like empowered.

SIGNATURE: Roy J. Pence      2/24/06      321-837-0350  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #