

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90034 038 ***150.00

DOCUMENT # P03000149828

1. Entity Name

OUR HEROE'S LEGACY, INC.



Principal Place of Business

1981 MENDER CIRCLE
SOUTH DAYTONA FL 32119

Mailing Address

1981 MENDER CIRCLE
SOUTH DAYTONA FL 32119

2. Principal Place of Business

Larry's Giant Subs
Suite, Apt. #, etc.
Ste. 208

3. Mailing Address

2455 West International Speedway
Suite, Apt. #, etc.

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

Zip

32114

Country

Volusia

Zip

32114

Country

Volusia

4. FEI Number

86-1091020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAN AUKEN, JOHANNA
1981 MENDER CIRCLE
SOUTH DAYTONA FL 32119

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

Johanna Van Auker

Johanna Van Auker (President) 3/21/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME VAN AUKEN, JOHANNA
STREET ADDRESS 1981 MENDER CIRCLE
CITY-ST-ZIP SOUTH DAYTONA FL 32119

TITLE VTD ☐ Delete
NAME VAN AUKEN, DAVID A
STREET ADDRESS 1981 MENDER CIRCLE
CITY-ST-ZIP SOUTH DAYTONA FL 32119

TITLE SVD ☐ Delete
NAME VAN AUKEN, GARY H JR
STREET ADDRESS 1981 MENDER CIRCLE
CITY-ST-ZIP SOUTH DAYTONA FL 32119

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Johanna Van Auker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Johanna Van Auker

Date

3/21/04 (386) 558-5818

Daytime Phone #