


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90423 050 ***150.00

DOCUMENT # P04000002118	
1. Entity Name HERITAGE TRIM AND FLOORING CO.	

Principal Place of Business 508 WEST HEWETT ROAD SANTA ROSA BEACH, FL 32459	Mailing Address 508 WEST HEWETT ROAD SANTA ROSA BEACH, FL 32459
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DO NOT WRITE IN THIS SPACE

04122006 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1715607	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAKANSON, LUKE
508 WEST HEWETT ROAD
SANTA ROSA BEACH, FL 32459

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAKANSON, LUKE 508 WEST HEWETT ROAD SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, DANICA 508 WEST HEWETT ROAD SANTA ROSA BEACH, FL 32459
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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  Luke Hakanson 4/30/06 850-259-6079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #