2008 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT

DOCUMENT # P04000054961

HERITAGE TAX & CONSULTING SERVICES INC



US

FILED Apr 07, 2008 08:00 A Secretary of State

Principal Place of Business

11220 METRO PARKWAY

SUITE #3

FORT MYERS, FL 33912 US Mailing Address

11220 METRO PARKWAY

SUITE #3

FORT MYERS, FL 33912



04042008 No Chg-P CR2E034 (11/05)

4. FEI Number 90-0196447 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

GOLDBERG, DAVID 11220 METRO PARKWAY SUITE #3 FORT MYERS, FL 33912

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ing congulation of regulative again.							
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOTE Registr	ered Agent signstur	e required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5,00 May Be Trust Fund Contribution. Added to Fees		Un0000885292 04718708-80008-004	150.00		
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDBERG, DAVID 11220 METRO PARKWAY #3 FORT MYERS, FL 33912						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE			
TITLE		****					

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

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 receiper 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 a oddress, with an other like empowered

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-S1-ZIP

> G OFFICER OR DIRECTOR COF SIGN