**FILED**
**May 20, 2005 8:00 am**
**Secretary of State**
04-25-2005 90265 048 ***150.00

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000055015

1. Entity Name
HERITAGE HOMES REALTY, INC.

66018069

04182005 Chg-P CR2E034 (10/03)

| Principal Place of Business | Mailing Address |
|---|---|
| 36164 EMERALD COAST HIGHWAY<br>STE. 2<br>DESTIN, FL 32541 | 36164 EMERALD COAST HIGHWAY<br>STE. 2<br>DESTIN, FL 32541 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4677 Hwy 20 East | 4677 Hwy 20 East |
| Suite, Apt. #, etc.: Unit 1 | Suite, Apt. #, etc.: Unit 1 |
| City & State: Niceville, FL | City & State: Niceville, FL |
| Zip: 32578 Country: | Zip: 32578 Country: |

4. FEI Number: 51-0519377 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THOMPSON, SUSAN S
3520 THOMASVILLE RD 4TH FLOOR
TALLAHASSEE, FL 32309

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $130.00**
**After May 1, 2005 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SAXON, FRED H<br>36164 EMERALD COAST HWY., STE. 2<br>DESTIN, FL 32541 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MOELLER, HAROLD<br>36164 EMERALD COAST HIGHWAY, STE. 2<br>DESTIN, FL 32541 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CHASON, SANDRA B<br>36164 EMERALD COAST HIGHWAY, STE. 2<br>DESTIN, FL 32541 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** _____ Date _____ Daytime Phone #
MANDATORY SIGNATURE REQUIRED ON THIS DOCUMENT BY SIGNING OFFICER OR DIRECTOR

RECEIVED
MAY 17 2005