


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000072134	
1. Entity Name HERITAGE MOBILITY INC.	

Principal Place of Business 15935 N FLORIDA AVE LUTZ, FL 33549	Mailing Address 1518 PIERMAJ LN LUTZ, FL 33549
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DO NOT WRITE IN THIS SPACE



03252006 No Chg-P CR2E034 (11/05)

4. FEI Number 80-0107855	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HERTENSTEIN, STACEY J 1518 PIERMAJ LN LUTZ, FL 33549	
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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: _____

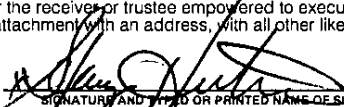
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERTENSTEIN, STACEY J 1518 PIERMAJ LN LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERTENSTEIN, KEVIN 1514 PIERMAJ LANE LUTZ, FL 33559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERTENSTEIN, SCOTT 1518 PIERMAJ LANE LUTZ, FL 33549
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/26/06-80003-001 150.00

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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:  **Stacey J. Hertenstein** x 6 20-06
Date: _____ Daytime Phone #: 813 948-1496