2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 25, 2005 8:00 am Secretary of State DOCUMENT # P04000120013 1. Entity Name 03-25-2005 90023 043 ***150.00 HERON DEVELOPMENT GROUP, INC. Principal Place of Business Mailing Address 4770 ALBERTON CT., STE. 2602 4770 ALBERTON CT., STE. 2602 NAPLES FL 34105 NAPLES FL 34105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 20-1518259 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Bateman, Arthur L. NOVATT, JEFF M ESQ. Street Address (P.O. Box Number is Not Acceptable) 821 FIFTH AVE. SOUTH, STE. 201 NAPLES FL 34102 4770 Alberton Court, #2602 Zip Code 34105 Naples 8. The above narged 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. 13-2-05 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE PSTD X Change ☐ Addition Bateman, Arthur L. NAME BATEMAN, ARTHUR L NAME 4770 ALBERTON COURT, STE. 2602 STREET ADDRESS STREET ADDRESS 4770 Alberton Court, #2602 NAPLES FL 34105 CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34105 V D TITLE ☐ Delete TITLE X Change Addition NAME MARTIN, DAN NAME Martin, Dan 5222 KENSINGTON HIGH ST. 5222 Kensington High Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105 Naples, FL 34105 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition THILE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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 of the receiver or trustee empowered.

deress, with all other like empowered.

SIGNATURE

FILED