

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90236 021 \*\*\*150.00

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # P04000120013</b><br>1. Entity Name<br><b>HERON DEVELOPMENT GROUP, INC.</b>  |  |  |   |  |  |
| Principal Place of Business<br><b>4770 ALBERTON CT., STE. 2602<br/>NAPLES, FL 34105</b>   |  |  | Mailing Address<br><b>4770 ALBERTON CT., STE. 2602<br/>NAPLES, FL 34105</b> |  |  |
| 2. Principal Place of Business<br><b>2245 Venetian Court</b>  |  | 3. Mailing Address<br><b>2245 Venetian Court</b>   |   |  |  |
| Suite, Apt. #, etc.<br><b>Building 4</b>  |  | Suite, Apt. #, etc.<br><b>Building 4</b>   |   |  |  |
| City & State<br><b>Naples, FL</b>   |  | City & State<br><b>Naples, FL</b>  |   | 4. FEI Number<br><b>20-1518259</b>   |  |
| Zip<br><b>34109</b>   |  | Country<br><b>USA</b>  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BATEMAN, ARTHUR L<br/>4770 ALBERTON CT #2602<br/>NAPLES, FL 34-1052</b>   |  |  |   | 7. Name and Address of New Registered Agent<br>Name <b>Bateman, Arthur L.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2245 Venetian Court</b><br><b>Building 4</b><br>City <b>Naples</b> <b>FL</b> Zip Code <b>34109</b> |  |
| 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<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  | President<br><small>(NOTE: Registered Agent signature required when reinstating)</small>                               |   | DATE <b>3/13/06</b>  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PSTD<br>BATEMAN, ARTHUR L. <input type="checkbox"/> Delete<br>4770 ALBERTON COURT, STE. 2602<br>NAPLES, FL 34105 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2245 Venetian Court, Bldg 4<br>Naples, FL 34109  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VD<br>MARTIN, DAN <input type="checkbox"/> Delete<br>5222 KENSINGTON HIGH ST.<br>NAPLES, FL 34105                |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2245 Venetian Court, Bldg 4<br>Naples, FL 34109  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  | President <b>Al Bateman</b>  |   | DATE <b>3/13/06</b> <input checked="" type="checkbox"/> <b>239 430-1012</b><br><small>Date Daytime Phone #</small>   |  |