
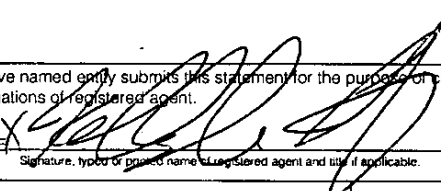
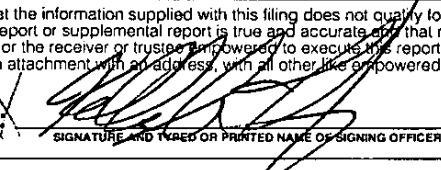


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90987 023 ***150.00

DOCUMENT # P04000161629			
1. Entity Name HERITAGE HOMES OF CENTRAL FLORIDA, INC.			
Principal Place of Business 5400 SANDRA DRIVE TITUSVILLE, FL 32780		Mailing Address 5400 SANDRA DRIVE TITUSVILLE, FL 32780	
2. Principal Place of Business		3. Mailing Address P.O. Box 10093	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State TITUSVILLE, FL	
Zip	Country	Zip	Country
		32783	U.S.A.
6. Name and Address of Current Registered Agent		4. FZI Number 61-1481896	
FRATZ, PAM 5400 SANDRA DRIVE TITUSVILLE, FL 32780		Applied For Not Applicable	
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Name ACCURATE ACCOUNTING			
Street Address (P.O. Box in Florida) OF TITUSVILLE, INC.			
3910 S. WASHINGTON AVE., 101N			
TITUSVILLE, FL 32780			
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 4/29/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D <input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	FRATZ, PAM	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5400 SANDRA DRIVE	NAME	
CITY-ST-ZIP	TITUSVILLE, FL 32780	STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRATZ, KELLY	NAME	
STREET ADDRESS	5400 SANDRA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 32780	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 4/29/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	

47010428



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