

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # P04000162683**

1. Entity Name  
ENGLISH HERITAGE (USA), INC.



Principal Place of Business  
165 WEKIVA SPRINGS ROAD  
SUITE 135  
LONWOOD, FL 32779

Mailing Address  
165 WEKIVA SPRINGS ROAD  
SUITE 135  
LONWOOD, FL 32779



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-1984450

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

EVANS, JOAN  
165 WEKIVA SPRINGS ROAD  
SUITE 135  
LONWOOD, FL 32779

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVANS, JOAN 165 WEKIVA SPRINGS ROAD, SUITE 135 LONWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EVANS, PAUL 165 WEKIVA SPRINGS ROAD, SUITE 135 LONWOOD, FL 32779
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U00000552003  
05/13/06-80122-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Paul Evans*

4/27/06

Date

Daytime Phone # \_\_\_\_\_