

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

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

FILED
Aug 28, 2007 08:00 AM
Secretary of State



08072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1984450	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

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
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

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
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

**DO NOT WRITE
IN THIS SPACE**

U00000772881
08/28/07-80007-017 150.00

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

8/24/07 407 774 7917
Date Daytime Phone #