2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State
03-16-2006 90231 036 ***150.00

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1. Entity Name
HERITAGE RESERVE DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
721 1ST AVENUE NORTH ST. PETERSBURG, FL 33701	721 1ST AVENUE NORTH ST. PETERSBURG, FL 33701

02092006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
5514 Park Blvd	5514 Park Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pinellas Park, FL	City & State: Pinellas Park, FL
Zip: 33781 Country: USA	Zip: 33781 Country:

4. FEI Number 20-2336630 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ENGLANDER, LEONARD S 721 1ST AVENUE NORTH ST. PETERSBURG, FL 33701	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST STROSS, JOHN E 3010 82ND WAY NORTH ST. PETERSBURG, FL 33710	☐ Delete	President	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STROSS, JOHN E 3010 82ND WAY NORTH ST. PETERSBURG, FL 33710	☒ Delete	Sec Treas Broderick, Roger B. 5514 Park Blvd Pinellas Park, FL 33781	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: _____ 2/17/06 727-544-1403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #