
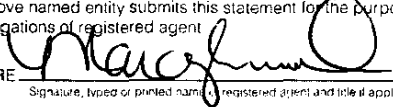
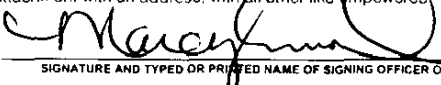


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90226 012 \*\*\*150.00

<b>DOCUMENT # P05000140109</b> 1. Entity Name <b>HERITAGE PROPERTIES OF ST.JOHNS,INC.</b>					
Principal Place of Business <b>18 BARLEY LN. PALM COAST, FL 32137 US</b>			Mailing Address <b>18 BARLEY LN. PALM COAST, FL 32137 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>600 Christina Dr</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>St Augustine FL</b>		4. FEI Number <b>20-3785633</b>	
Zip		Zip <b>32086</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required.</b>	
6. Name and Address of Current Registered Agent  <b>TERREL, MARCY 18 BARLEY LN. PALM COAST, FL 32137</b>			7. Name and Address of New Registered Agent Name <b>Evelyn Atkins</b> Street Address (P.O. Box Number is Not Acceptable) <b>12 Heidel Dr</b> City <b>Palm Coast</b> <b>FL</b> Zip Code <b>32137</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  DATE <b>3/26/08</b> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TERREL, MARCY</b> <b>18 BARLEY LN.</b> <b>PALM COAST, FL 32137</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CHITWOOD, SUSAN A</b> <b>600 CHRISTINA DR.</b> <b>ST.AUGUSTINE, FL 32086</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: 			DATE: <b>3/26/08</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

40095874



03172008 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable

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

3/26/08

3/26/08