



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90018 024 \*\*\*106.25  
03-10-2006 90010 004 \*\*\*\*43.75

<b>DOCUMENT # P05000149553</b>			
1. Entity Name <b>HERITAGE LEGACY INVESTMENT, INC.</b>			
Principal Place of Business <b>1860-A ISHERWOOD TERRACE ST AUGUSTINE, FL 32092</b>		Mailing Address <b>1860-A ISHERWOOD TERRACE ST AUGUSTINE, FL 32092</b>	
2. Principal Place of Business <b>814 E. Street</b>		3. Mailing Address <b>P.O. Box 67</b>	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State <b>Hastings, Florida</b>		City & State <b>Elkton, Florida</b>	
Zip <b>32145</b>	Country <b>St. John's</b>	Zip <b>32033</b>	Country <b>St. John's</b>
4. FEI Number <b>20-3813686</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity, submit 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>FILE NOW!!! FEE IS \$160.00 After May 1, 2006 Fee will be \$560.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	DP MILLER, MICHAEL S 1860-A ISHERWOOD TERRACE ST AUGUSTINE, FL 32092 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KING, ROBERT 22 LOUISBURG LANE PALM COAST, FL 32137 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GARDEN, THOMAS 841 WEST 11TH STREET ST AUGUSTINE, FL 32089 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CARTER, ANTHONY PO BOX 67 ELKTON, FL 32033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BURGOS, NELSON 46 LANCELOT DRIVE PALM COAST, FL 321379666 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FULKERSON, SHERYL 1860-A ISHERWOOD TERRACE ST AUGUSTINE, FL 32092 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied in 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 a 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 registered 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 amendment with an addendum with all one like employed.			
SIGNATURE 		2-10-06 (904-819-4422)	
SIGNATURE OF OFFICER OR DIRECTOR		Date	

904-501-2418



ATTACHMENT

40028297

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2006

HERITAGE LEGACY INVESTMENT, INC.  
POB 67  
ELKTON, FL 32033

Subject: **HERITAGE LEGACY INVESTMENT, INC.**

Reference Number: **P05000149553**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$106.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$43.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION

JAN. -23' 06 (MON) 14:49

FLAGLER HOSPITAL

TEL:904 819 4931

P. 001



ATTACHMENT

COPY

40028297

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 10, 2006

ANTHONY CARTER  
HERITAGE LEGACY INVESTMENT, INC.  
PO BOX 87  
ELKTON, FL 32033

SUBJECT: HERITAGE LEGACY INVESTMENT, INC.  
Ref. Number: P05000148553

We have received your document for HERITAGE LEGACY INVESTMENT, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette  
Document Specialist

Letter Number: 006A00001747

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

MAILING ADDRESS - P.O. BOX 441874, JACKSONVILLE, FL 32222

JAN. -23' 06 (MON) 14:50

FLAGLER HOSPITAL

TEL: 904 819 4931

P. 002

ATTACHMENT

40028297

ARTICLES OF CORRECTION

for

LEGACY INVESTMENT, INC.

Name of Corporation as currently filed with the Florida Dept. of State

P05000149553

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct **ARTICLES OF INCORPORATION**

(Document Type Being Corrected)

filed with the Department of State on 11/08/2005

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The officers and directors referenced in the articles of incorporation as filed on 11/08/2005 are incorrect.

The principle mailing address and the physical address is incorrect.

Correct the inaccuracy, incorrect statement, or defect:

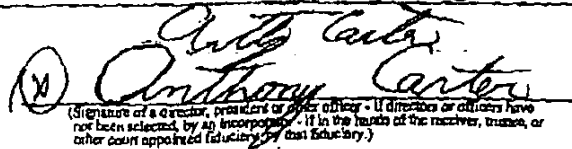
The officers and directors should be as noted:

President, Secretary, Director - Anthony Carter

Vice-Pres., Treasurer, Director - Thomas Garden

The mailing address is P.O. Box 67, Elkton, FL 32033.

The principle address is 814 E. Street, Hastings, FL 32145

  
(Signature of a director, president or other officer - If directors or officers have not been selected, by an incorporator - If in the hands of the receiver, trustee, or other court appointed fiduciary of the corporation.)

Anthony Carter

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00

NOTARY PUBLIC STATE OF FLORIDA  
Kathleen C. Barry  
Commission # DD467399  
Expires: AUG. 31, 2009  
Bonded thru Atlantic Bonding Co., Inc.

Exhibit 6.

ATTACHMENT

HERITAGE LEGACY INVESTMENT, INC.  
Page 1

# P05000149553

## ARTICLES OF CORRECTION

40028297

OF

HERITAGE LEGACY INVESTMENT, INC.

PRINCIPAL OFFICE

The address of the principal office of this Corporation is 814 East Street, Hastings, FL 32145 and the mailing address is P.O. Box 67, Elkton, FL 32033.

OFFICERS

The officers of the Corporation shall be:

President:	Anthony Carter
Vice Pres:	Thomas Garden
Secretary:	Anthony Carter
Treasurer:	Thomas Garden

whose addresses shall be the same as the principal office of the Corporation.

DIRECTOR(S)

The Director(s) of the Corporation shall be:

Anthony Carter  
Thomas Garden

whose addresses shall be the same as the principal office of the Corporation.

EFFECTIVE DATE

These Articles of Correction shall be effective immediately upon approval of the Secretary of State, State of Florida.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, acknowledged and filed the foregoing Articles of Correction under the laws of the State of Florida, this December 19, 2005.

NOTARY PUBLIC STATE OF FLORIDA



Kathleen C. Barry

Commission # DD467399

Expires: AUG. 31, 2009

Provided Thru Atlantic Bonding Co., Inc.

Kathleen C. Barry

Anthony Carter, Secretary

DC FINANCIAL SOLUTIONS, INC.

4800 ORTEGA FARMS BLVD., #204, JACKSONVILLE, FL 32210 - (904) 991-6068 - FAX (904) 980-9229  
MAILING ADDRESS - P.O. BOX 441874, JACKSONVILLE, FL 32222