

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000019384

FILED
Sep 13, 2007
Secretary of State

Entity Name: HERITAGE MORTGAGE NETWORK INC.

Current Principal Place of Business:

15614 INDIAN QUEEN DR
ODESSA, FL 33556

New Principal Place of Business:

9710 N ARMENIA AVE
E
ODESSA, FL 33612

Current Mailing Address:

15614 INDIAN QUEEN DR
ODESSA, FL 33556

New Mailing Address:

FEI Number: 20-4229779 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VILLAR, OMAR E
15614 INDIAN QUEEN DR
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VILLAR, OMAR E
Address: 15614 INDIAN QUEEN DR
City-St-Zip: ODESSA, FL 33556

Title: VP () Delete
Name: VILLAR, OMAR E
Address: 15614 INDIAN QUEEN DR
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MOTA, JOSE R
Address: 15614 INDIAN QUEEN DR
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OMAR VILLAR

P

09/13/2007

Electronic Signature of Signing Officer or Director

Date