

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000090396

FILED
Apr 29, 2008
Secretary of State

Entity Name: AMERICAN HERITAGE FUNDING GROUP, INC.

Current Principal Place of Business:

1823 S.E. FORT KING STREET
SUITE 200
OCALA, FL 34471 US

New Principal Place of Business:

1823 E. FORT KING STREET
SUITE 200
OCALA, FL 34471 US

Current Mailing Address:

1823 S.E. FORT KING STREET
SUITE 200
OCALA, FL 34471 US

New Mailing Address:

1823 E. FORT KING STREET
SUITE 200
OCALA, FL 34471 US

FEI Number: 20-5189935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARDEN, DAVID M
1823 S.E. FORT KING STREET
SUITE 200
OCALA, FL 34471 US

Name and Address of New Registered Agent:

HARDEN, DAVID M
1823 E. FORT KING STREET
SUITE 200
OCALA, FL 34471 US

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: DAVID M HARDEN

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARDEN, DAVID M
Address: 1823 S.E. FORT KING ST. STE 200
City-St-Zip: Ocala, FL 34471 US

Title: VPD () Delete
Name: HARDEN, JOSHUA A
Address: 1823 S.E. FORT KING ST, STE. 200
City-St-Zip: Ocala, FL 34471 US

Title: VP () Delete
Name: ABSHIRE, LENA K
Address: 1823 SE FORT KING ST., STE. 200
City-St-Zip: Ocala, FL 34471 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HARDEN, DAVID M
Address: 1823 E. FORT KING ST. STE 200
City-St-Zip: Ocala, FL 34471 US

Title: VPD (X) Change () Addition
Name: HARDEN, JOSHUA A
Address: 1823 E. FORT KING ST, STE. 200
City-St-Zip: Ocala, FL 34471 US

Title: VP (X) Change () Addition
Name: ABSHIRE, LENA K
Address: 1823 E FORT KING ST., STE. 200
City-St-Zip: Ocala, FL 34471 US

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: LENA ABSHIRE

VP

04/29/2008

Electronic Signature of Signing Officer or Director

Date