

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90024 041 \*\*\*158.75

<b>DOCUMENT # P93000075715</b> 1. Entity Name HERITAGE PARTNERS GROUP VIII, INC.			
Principal Place of Business 5505 N ATLANTIC AVE #108 COCOA BEACH, FL 32931		Mailing Address 5505 N ATLANTIC AVE #108 COCOA BEACH, FL 32931	
2. Principal Place of Business - No P.O. Box # <b>ATLANTIS ROAD</b> Suite, Apt. #, etc. <b>405-B</b>		3. Mailing Address <b>P O Box 321209</b> Suite, Apt. #, etc.	
City & State <b>CAPE CANAVERAL, FL</b> Zip <b>32920</b>		City & State <b>COCOA BEACH, FL</b> Zip <b>32932-1209</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3197784</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KINCAID, JAMES</b> <b>5505 N ATLANTIC AVE</b> <b>108</b> <b>COCOA BEACH, FL 32931</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <b>405-B ATLANTIS ROAD</b> City <b>CAPE CANAVERAL</b> FL Zip Code <b>32920</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	DC <b>HARDING, NEAL</b> <b>5505 N ATLANTIC AVE #108</b> <b>COCOA BEACH, FL 32931</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>405-B ATLANTIS ROAD</b> <b>CAPE CANAVERAL, FL 32920</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST <b>KINCAID, JAMES</b> <b>5505 N ATLANTIC AVE #108</b> <b>COCOA BEACH, FL 32931</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>405-B ATLANTIS ROAD</b> <b>CAPE CANAVERAL, FL 32920</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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: <u><b>James Kincaid</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/28/08</b>	Daytime Phone # <b>321-799-4090</b>