

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000078190

1. Entity Name
HERITAGE PARTNERS GROUP VI, INC.



Principal Place of Business
5505 N ATLANTIC AVE
#115
COCOA BEACH, FL 32931 US

Mailing Address
5505 N ATLANTIC AVE
#115
COCOA BEACH, FL 32931 US



04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3188635

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCPHILLIPS, JACQUELINE
5505 N ATLANTIC AVE #115
COCOA BEACH, FL 32931

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME MCPHILLIPS, JACQUELINE
STREET ADDRESS 5505 N ATLANTIC AVE #115
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE VD
NAME MCPHILLIPS, MICHAEL
STREET ADDRESS 5505 N ATLANTIC AVE #115
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE DV
NAME KINCAID, JAMES
STREET ADDRESS 5505 N ATLANTIC AVE #115
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE DC
NAME HARDING, NEAL
STREET ADDRESS 5505 N. ATLANTIC AVE., #115
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #