


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jun 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000057651	
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1. Entity Name
VAKA HERITAGE, INC.

Principal Place of Business
9934 LITTLE RD.
NEW PORT RICHEY, FL 34654

Mailing Address
9934 LITTLE RD
NEW PORT RICHEY, FL 34654



06092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3274935	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

STOCKWELL, KAREN
9934 LITTLE RD
NEW PORT RICHEY, FL 34654

DO NOT WRITE
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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 *Karen Stockwell*
Signature, typed or printed name of registered agent and title if applicable.

KAREN STOCKWELL
(NOTE: Registered Agent signature required when registering)

6-9-04
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STOCKWELL, VAN C
STREET ADDRESS	9934 LITTLE RD
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654

TITLE	D
NAME	STOCKWELL, KAREN A
STREET ADDRESS	9934 LITTLE RD
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Karen Stockwell* KAREN STOCKWELL 6-4-04 727-992-1068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #