

2005 FIDELITY REPORT ANNUAL REPORT

FILED

Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90168 024 ***158.75



DOCUMENT # P95000003552

1. Entity Name
HERITAGE PROMOTIONS, INC.

Principal Place of Business
3760 N PONCEDE LEON BLVD
SAINT AUGUSTINE, FL 32084 US

Mailing Address
3760 N PONCEDE LEON BLVD
SAINT AUGUSTINE, FL 32084 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3289469

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRAIT RAY CORPORATION
4075 A1A SOUTH SUITE 2000
ATTN JEFFERY STRAIGHT
ST. AUGUSTINE, FL 32080

Name Strait Ray Corporation
Street Address (P.O. Box Number is Not Acceptable)
4075 A1A South Suite 200A
ATTN: Jeffrey Strait
City St. Augustine FL Zip Code 32080

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MCALPIN, PATRICIA G ☐ Delete
STREET ADDRESS 142 B KING ST
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE P ☒ Change ☐ Addition
NAME Patricia Levin
STREET ADDRESS 2451 S Ponte Vedra Blvd
CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/05

Date

Daytime Phone #