

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-15-2008 90021 035 ***158.75

40104410



04082008 Chg-P CR2E034 (12/06)

DOCUMENT # P95000008586 1. Entity Name HERITAGE PARTNERS GROUP XVII, INC.					
Principal Place of Business 5505 N ATLANTIC AVE #108 COCOA BEACH, FL 32931 US			Mailing Address 5505 N ATLANTIC AVE #108 COCOA BEACH, FL 32931 US		
2. Principal Place of Business - No P.O. Box # ATLANTIS ROAD Suite, Apt. #, etc. 405-B		3. Mailing Address P.O. Box 321209 Suite, Apt. #, etc.			
City & State CAPE CANAVERAL, FL		City & State COCOA BEACH, FL		4. FEI Number 59-3292655	
Zip 32920		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KINCAID, JAMES 5505 N ATLANTIC AVE #108 115 COCOA BEACH, FL 32931			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 405-B ATLANTIS ROAD City CAPE CANAVERAL FL Zip Code 32920		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 HARDING, NEAL 5505 N ATLANTIC AVE #108 COCOA BEACH, FL 32931		TITLE NAME STREET ADDRESS CITY-ST-ZIP	405-B ATLANTIS ROAD CAPE CANAVERAL, FL 32920	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST KINCAID, JAMES 5505 N ATLANTIC AVE #108 COCOA BEACH, FL 32931		TITLE NAME STREET ADDRESS CITY-ST-ZIP	405-B ATLANTIS ROAD CAPE CANAVERAL, FL 32920	
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	
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	
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	
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>James Kincaid</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/28/08</u> Daytime Phone # <u>321-799-4090</u>		