


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000014898 1. Entity Name HERITAGE HURON GROUP, INC.	
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Principal Place of Business 170 SHEPHARD COURT LOVELAND, OH 45140	Mailing Address 170 SHEPHARD COURT LOVELAND, OH 45140
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DO NOT WRITE IN THIS SPACE



03062008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3296523	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BRISBEN, WILLIAM O
23 N. BEACH ROAD
JUPITER ISLAND, FL 33455

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

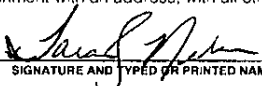
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000886451 04/18/08-80058-004 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT NELSON, TARA J 170 SHAPARD COURT LOVELAND, OH 45140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NELSON, ROBERT J 170 SHEPARD COURT LOVELAND, OH 45140
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  TARA J NELSON ✓ 4/1/08 513 3794901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #