## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P95000023152

HERITAGE PARTNERS GROUP XVIII, INC.



Principal Place of Business

COCOA BEACH, FL 32931

Mailing Address

5505 N ATLANTIC AVE #115

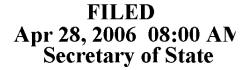
KINCAID, JAMES

5505 N ATLANTIC AVE #115

5505 N ATLANTIC AVE

#115

COCOA BEACH, FL 32931





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DO	NOT	WRITI	EIN	ITHIS	SPACE

6. Name and Address of Current Registered Agent

04172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3304303

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

## DO NOT WRITE

COCOA BEACH, FL 32931				IN THIS SPACE				
	named entity submits this statement for the plans of registered agent.	purpose of changing its registered o	ffice or	egistered agent, or bo	oth, in the State of Florida. I am familiar	with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable /AMTE Registered And	nt elanatur	e required when reinstating)	DATE			
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	DAIL			
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCPHILLIPS, MICHAEL 5505 N ATLANTIC AVE #115 COCOA BEACH, FL 32931				U00000539855 05/09/0680113-	3 -019 158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MCPHILLIPS, JACQUELINE 5505 N ATLANTIC AVE #115 COCOA BEACH, FL 32931							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HARDING, NEAL 5505 N ATLANTIC AVE #115 COCOA BEACH, FL 32931			DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KINCAID, JAMES 5505 N ATLANTIC AVE COCOA BEACH, FL 32931			IN	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE	l .				· ·			

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:

NAME STREET ADDRESS CRY-ST-ZIP