2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P95000065108 Jan 27, 2006 08:00 AM 1. Entity Name **Secretary of State** HERITAGE & COMPANY OF FLORIDA, INC. Principal Place of Business Mailing Address 2909 UPPER TANGELO DR. 2909 UPPER TANGELO DR. SARASOTA FL 34239-4242 SARASOTA FL 34239-4242 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0608756 Not Applicab Zìp Country Zια Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ADONIZIO, JOSEPH M 2909 UPPER TANGELO DR. Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34239-4242 City Zip Code 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 little if applicable (NOTE Registered Agent signature required when roinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE Change ☐ Advir TITLE U00000407417 NAME ADONIZIO, JOSEPH M NAME 02/08/06-80017-010 150.00 STREET ADDRESS STREET ADDRESS 2909 UPPER TANGELO DR CRTY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34239-4242 TITLE ☐ Delete TITLE Change □ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE Delete THTLE ☐ Change Acci: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ A--*** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Acu TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE Delete TITLE Change ☐ Ai'.·· NAME NAME STREET ADDRESS STREET ADDRESS CTTY - ST - ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

ALEM MANAGER OF SIGNING OFFICER OF DIRECTOR

- President 1/25/06 (941) 366-7980
DIRECTOR DELE DELE