

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000087342

1. Entity Name
HERITAGE AFFORDABLE DEVELOPMENT, INC.



Principal Place of Business
5505 N. ATLANTIC AVE
115
COCOA BEACH, FL 32931

Mailing Address
5505 N. ATLANTIC AVE.
115
COCOA BEACH, FL 32931



DO NOT WRITE IN THIS SPACE

04282005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3401723

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCPHILLIPS, JACQUELINE
5505 N ATLANTIC AVE., #115
COCOA BEACH, FL 32931

**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

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

TITLE	DPST
NAME	MCPHILLIPS, JACQUELINE
STREET ADDRESS	5505 N. ATLANTIC AVE. #115
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	DV
NAME	MCPHILLIPS, MICHAEL
STREET ADDRESS	5505 N. ATLANTIC AVE. #115
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	DC
NAME	HARDING, NEAL
STREET ADDRESS	5505 NORTH ATLANTIC AVENUE #115
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	DV
NAME	KINCAID, JAMES
STREET ADDRESS	5505 NORTH ATLANTIC AVENUE #115
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

James Kincaid
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05
Date

321/799-4090
Daytime Phone #