

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000006370

1. Entity Name  
HERITAGE TIME, INC.



Principal Place of Business  
18505 PAULSON DRIVE  
UNIT C-6  
PT CHARLOTTE, FL 33954 US

Mailing Address  
18505 PAULSON DRIVE  
UNIT C-6  
PT CHARLOTTE, FL 33954 US



01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0647740

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

TAUBE, JEFF  
6366 JARVIS RD.  
SARASOTA, FL 34241

**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

*Jeff Taube*  
Signature, typed or printed name of registered agent and title of agent

*PAUS*  
(NOTE: Registered Agent signature required when reinstating)

DATE

*1-24-05*

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
WILL  
IAMS, ROBERT L  
209 S NASSAU ST SUITE 101  
VENICE, FL 34285

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
TAUBE, JEFF  
165 HERMES RD  
VENICE, FL 34293

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
PADMAISKY, GUY JOSEPH  
3537 ALFRED RD  
NORTH PORT, FL 34286

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
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)(i), 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:

*Jeff Taube*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*1-24-05*

Daytime Phone #