

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000086248

1. Entity Name
HERITAGE PP 1, INC.



Principal Place of Business
26212 MADRAS CT.
CHARLOTTE HARBOR, FL 33983

Mailing Address
200 SOUTH ORANGE AVE
C/O WILLIAM M SEIDER
SARASOTA, FL 34236

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

26212 MADRAS CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PUNTA GORDA FL

Zip

Country

Zip

33983

Country

USA

6. Name and Address of Current Registered Agent

SEIDER, WILLIAM M
200 S. ORANGE AVE.
SARASOTA, FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PST
NAME: PALMER, P J
STREET ADDRESS: 20212 MADRAS CT
CITY-ST-ZIP: PUNTA GORDA, FL 33983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip J Palmer

4/26/07

941-764-4055

Date

Daytime Phone #

**FILED
Apr 30, 2007 8:00 am
Secretary of State**

04-30-2007 90838 013 ***150.00

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04252007 Chg-P CR2E034 (12/06)