2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/21/2004-90001-022-$550.00-$550.00

FILED
04 JUL -7 PM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000103598

1. Entity Name
HERITAGE HOMES REALTY OF TALLAHASSEE, INC.

Principal Place of Business	Mailing Address
508-A CAPITAL CIRCLE S.E. TALLAHASSEE, FL 32301	508-A CAPITAL CIRCLE S.E. TALLAHASSEE, FL 32301

05202004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3485446 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMPSON, SUSAN S 3520 THOMASVILLE ROAD 4TH FLOOR TALLAHASSEE, FL 32308	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD TURNER, FREDERICK 508-A CAPITAL CIRCLE S.E. TALLAHASSEE, FL 32301	☒ Delete	TITLE Director NAME Fred Saxon STREET ADDRESS 3614 Emerald Coast Highway, Suite 2 CITY-ST-ZIP Destin, FL 32541	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TURNER, DOUGLAS E 508-A CAPITAL CIRCLE S.E. TALLAHASSEE, FL 32301	☒ Delete	TITLE NAME Director Sandy Cheson STREET ADDRESS 508-A Capital Circle, SE CITY-ST-ZIP Tallahassee, FL 32301	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME Director Harold Moeller STREET ADDRESS 3614 Emerald Coast Highway, Suite 2 CITY-ST-ZIP Destin, FL 32541	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition

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: _____ 5/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #