2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000006380

1. Entity Name
HERITAGE FAIR OAK, INC.

40104JJ~

04102008   Chg-P   CR2E034 (12/06)

Principal Place of Business	Mailing Address
5505 N ATLANTIC AVE 108 COCOA BEACH, FL 32931	5505 N ATLANTIC AVE 108 COCOA BEACH, FL 32931

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
ATLANTIS ROAD	_P. O. Box 321209_
Suite, Apt. #, etc. _405-B_	Suite, Apt. #, etc.
City & State _CAPE CANAVERAL, FL_	City & State _Cocoa Beach, FL_
Zip _32920_ Country _USA_	Zip _32932-1209_ Country _USA_

4. FEI Number	
59-3536068	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
KINCAID, JAMES 5505 N ATLANTIC AVE #108 COCOA BEACH, FL 32931	Name Street Address (P.O. Box Number is Not Acceptable) _405-B ATLANTIS ROAD_ City _CAPE CANAVERAL_ FL Zip Code _32920_

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, 2008 Fee will be $550.00

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**

	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES
TITLE	DVST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KINCAID, JAMES		NAME	
STREET ADDRESS	5505 N ATLANTIC AVE #108		STREET ADDRESS	_405-B ATLANTIS ROAD_
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	_CAPE CANAVERAL, FL 32920_
TITLE	D/C	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HARDING, NEAL		NAME	
STREET ADDRESS	5505 N ATLANTIC AVE #108		STREET ADDRESS	_405-B ATLANTIS ROAD_
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	_CAPE CANAVERAL, FL 32920_
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: _James Kincaid_   _4/28/08_   _321-799-4090_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #