

2007 FOR PROFIT CORPORATION ANNUAL REPORT

150

DOCUMENT # P98000078159

1. Entity Name
HERITAGE BUILDERS, INC.



FILED

07 APR 26 PM 3: 35

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



04202007 Chg-P CR2E034 (12/06)

Principal Place of Business
107 AMAR PLACE
PANAMA CITY BEACH, FL 32413

Mailing Address
107 AMAR PLACE
PANAMA CITY BEACH, FL 32413

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-3541887
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STANFORD, REBECCA
725 GULFVIEW DRIVE
PANAMA CITY BEACH, FL 32413

7. Name and Address of New Registered Agent
Name
Pfneisel, Ryan
Street Address (P.O. Box Number is Not Acceptable)
3402 Trimmingham Lane
City Panama City FL Zip Code 32408

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 Ryan Pfneisel, Pres. 4/23/07
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 VP
NAME PFNEISEL, JOHN W
STREET ADDRESS 717 GULFVIEW DR.
CITY-ST-ZIP PANAMA CITY BEACH, FL 32413
TITLE ST
NAME STANFORD, REBECCA
STREET ADDRESS 725 GULFVIEW DRIVE
CITY-ST-ZIP PANAMA CITY, FL 32413
TITLE P
NAME PFNEISEL, RYAN W
STREET ADDRESS 3402 TRIMMINGHAM LANE
CITY-ST-ZIP PANAMA CITY, FL 32408
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200103011882
05/22/07--01021--013 **350.00
TITLE
NAME
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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: Ryan Pfneisel 4/23/07 850-230-8277
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #