

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90304 021 ***150.00

DOCUMENT # P98000099739

1. Entity Name

HERITAGE HOLDINGS OF NAPLES, INC.



Principal Place of Business

1691 MANCHESTER COURT
NAPLES FL 34109

Mailing Address

1691 MANCHESTER COURT
NAPLES FL 34109

2. Principal Place of Business

3. Mailing Address

1691 MANCHESTER CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

311

City & State

City & State

NAPLES, FL

NAPLES, FL

Zip

Country

Zip

Country

34104

Collier

34109

Collier

1st MOORE

CR2E034 (10/05)

4. FEI Number

36-3504871

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

WROBLEWSKI, RONALD T
1691 MANCHESTER COURT
NAPLES FL 34109

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
D
WROBLEWSKI, RONALD T
1691 MANCHESTER COURT
NAPLES FL 34109 ☐ Delete

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ronald T. Wroblewski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-06

239-298-2477