

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90032 033 ***150.00

DOCUMENT # P99000056603

1. Entity Name

HERITAGE PROPERTY MANAGEMENT, INC.



Principal Place of Business

3974 TAMPA ROAD
C
OLDSMAR FL 34677

Mailing Address

3974 TAMPA ROAD
C
OLDSMAR FL 34677

20011000



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3684 TAMPA RD
Suite, Apt. #, etc.
SUITE 6
City & State
OLDSMAR FL

3. Mailing Address

3684 TAMPA RD
Suite, Apt. #, etc.
SUITE 6
City & State
OLDSMAR FL

4. FEI Number

59-3591328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CIANFRONE, JOSEPH R
1968 BAYSHORE BLVD.
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name

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

1968 BAYSHORE BLVD.

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, 2005 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GALBRAITH, CHARLA J	
STREET ADDRESS	229 TALLEY DRIVE	
CITY-ST-ZIP	PALM HARBOR FL 34684-4653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Charles J. Galbraith Pres.
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05

813 925-8874

Date

Daytime Phone #