

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000086543

FILED
Jan 09, 2009
Secretary of State

Entity Name: HERITAGE FUNDING GROUP, INC.

Current Principal Place of Business:

699 MASON AVE
STE. B
DAYTONA BEACH, FL 32117

New Principal Place of Business:

1156 CASSAT AVENUE
JACKSONVILLE, FL 32205

Current Mailing Address:

P.O. BOX 12160
DAYTONA BEACH, FL 32120

New Mailing Address:

1156 CASSAT AVENUE
JACKSONVILLE, FL 32205

FEI Number: 59-3604877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, SANDRA L
699 MASON AVE.
SUITE B
DAYTONA BEACH, FL 32117 US

Name and Address of New Registered Agent:

FOWLER, SANDRA L
614 CAMDEN ROAD
ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE: SANDRA L. FOWLER

01/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FORD, LAWRENCE D
Address: 699 MASON AVENUE STE B
City-St-Zip: DAYTONA BEACH, FL 32117

Title: P () Delete
Name: FOWLER, SANDRA L
Address: 699 MASON AVENUE STE B
City-St-Zip: DAYTONA BEACH, FL 32117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FORD, LAWRENCE D
Address: 120 LOON COURT
City-St-Zip: DAYTONA BEACH, FL 32117

Title: P (X) Change () Addition
Name: FOWLER, SANDRA L
Address: 614 CAMDEN ROAD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA L. FOWLER

P

01/09/2009

Electronic Signature of Signing Officer or Director

Date