

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V24984

FILED
Apr 30, 2004
Secretary of State

Entity Name: HERITAGE PARTNERS GROUP, INC.

Current Principal Place of Business:

5505 N ATLANTIC AVE
115
COCOA BEACH, FL 32931 US

New Principal Place of Business:

Current Mailing Address:

5505 N ATLANTIC AVE
115
COCOA BEACH, FL 32931 US

New Mailing Address:

FEI Number: 59-3109180 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCPHILLIPS, JACQUELINE
5505 N ATLANTIC AVE
115
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MCPHILLIPS, JACQUELI, NE
Address: 5505 N ATLANTIC AVE #115
City-St-Zip: COCOA BEACH, FL 32931

Title: DV () Delete
Name: MCPHILLIPS, MICHAEL,
Address: 5505 N ATLANTIC AVE #115
City-St-Zip: COCOA BEACH, FL 32931

Title: V () Delete
Name: COLVARD, ALISON
Address: 5505 N ATLANTIC AVE #115
City-St-Zip: COCOA BEACH, FL 32931 US

Title: DC () Delete
Name: HARDING, NEAL
Address: 5505 NORTH ATLANTIC AVENUE #115
City-St-Zip: COCOA BEACH, FL 32931

Title: DV () Delete
Name: KINCAID, JAMES
Address: 5505 NORTH ATLANTIC AVENUE #115
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES KINCAID

V

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date