## · 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2005 08:00 AM Secretary of State

DOCUMENT # V24984  1. Entity Name HERITAGE PARTNERS GROUP, INC.							
Principal Place		lailing Address					
5505 N ATLA 115	•	5505 N ATLANTIC AVE 115					
COCOA BEAC	H, FL 32931 US (	COCOA BEACH, FL 32931 L	IS				
				04282005	No Chg-P	CR2E034 (10	
DO NOT WRITE IN THIS SPAC				4. FEI Number 59-3109180			Applied For Not Applicable
	A STATE OF THE PROPERTY OF THE	**************************************			of Status Desired		5 Additional equired
Name and Address of Current Registered Agent					The second second		
	PS, JACQUELINE LANTIC AVE		The extensions of the second o		NOT WE		
115 COCOA BEACH, FL 32931			-	IN T	THIS SPA	ACE	•
						50 % Ax	
8. The above named entity stromits 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 rectified when the					<del></del>	DATE	
	Signature, typed or printed name or regarding agont and tale	THE PROPERTY OF THE PROPERTY O	Agent signature required	- Witer retrestating)		DATE	
FILE NOWIN FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution				00 May Be ed to Fees	04/30/05 04/30/05	0346810 -80090-0;	24 158.75
ta. Rne	ÖFFICERS AND DIRE	CTORS			برين بالمشاهدة والمتاولة المتاولة		1 50 77 X 60
NAME STREET ADDRESS CITY-ST-ZIP	MCPHILLIPS, JACQUELINE 5505 N ATLANTIC AVE #115 COCOA BEACH, FL 32931				¥ V		
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TITLE	COCOA BEACH, FL 32931	F.CA					
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NAME STREET ADDRESS CITY-ST-ZIP	5505 NORTH ATLANTIC AVENUE #1	115	.,	* *** *** *	* ****		
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NAME STREET ADDRESS			, , , , , , ,				and some programmers.
CITY-ST-ZIP	10 A	P11		+50= 410 07/2	(N. Marida Pietres + 6	who acut t	t the information
<ol> <li>12. I hereby of indicated of the corchanged.</li> </ol>	certify that the information supplied with this in this report or supplemental report is true poration or the receiver or trustee empowers or on an attachment with an address, with a	ming does not quality for the exer and accurate and that my signated to execute this report as reguli- all other like ergrowered.	mption stated in Se ure shall have the s red by Chapter 607	same legal effe , Florida Statute	(i), Fiorida Statutes. I fu of as if made under oal es; and that my name a	anner centry that th; that I am an a appears in Bloci	officer or director k 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: