

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90111 028 \*\*\*158.75

**DOCUMENT # V24984**

1. Entity Name  
HERITAGE PARTNERS GROUP, INC.



Principal Place of Business

5505 N ATLANTIC AVE  
115  
COCOA BEACH, FL 32931 US

Mailing Address

5505 N ATLANTIC AVE  
115  
COCOA BEACH, FL 32931 US

2. Principal Place of Business - No P.O. Box #

5505 N ATLANTIC AVE

3. Mailing Address

5505 N ATLANTIC AVE

Suite, Apt. #, etc.

# 108

Suite, Apt. #, etc.

# 108

City & State

COCOA BEACH, FL

City & State

COCOA BEACH, FL

Zip

32931

Country

US

Zip

32931

Country

US

04122007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3109180

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name KINCAID, JAMES

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

5505 N ATLANTIC AVE, # 108

City COCOA BEACH

FL

Zip Code 32931

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

James Kincaid James Kincaid, VP

4/26/07

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PSTD ☒ Delete  
NAME MCPHILLIPS, JACQUELINE  
STREET ADDRESS 5505 N ATLANTIC AVE #115  
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE DV ☒ Delete  
NAME MCPHILLIPS, MICHAEL  
STREET ADDRESS 5505 N ATLANTIC AVE #115  
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE V ☒ Delete  
NAME COLVARD, ALISON  
STREET ADDRESS 5505 N ATLANTIC AVE #115  
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE DC ☐ Delete  
NAME HARDING, NEAL  
STREET ADDRESS 5505 NORTH ATLANTIC AVENUE #115  
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE DV ☐ Delete  
NAME KINCAID, JAMES  
STREET ADDRESS 5505 NORTH ATLANTIC AVENUE #115  
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5505 N ATLANTIC AVE, # 108  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME DVST  
STREET ADDRESS 5505 N ATLANTIC AVE, # 108  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

James Kincaid James Kincaid

4/26/07 321-799-4090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #