


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90024 046 ***158.75

DOCUMENT # V24984 1. Entity Name HERITAGE PARTNERS GROUP, INC.			
Principal Place of Business 5505 N ATLANTIC AVE #108 COCOA BEACH, FL 32931 US		Mailing Address 5505 N ATLANTIC AVE #108 COCOA BEACH, FL 32931 US	
2. Principal Place of Business - No P.O. Box # ATLANTIS ROAD Suite, Apt. #, etc. 405-B		3. Mailing Address P.O. Box 321209 Suite, Apt. #, etc.	
City & State CAPE CANAVERAL, FL		City & State COCOA BEACH, FL	
Zip 32920	Country USA	Zip 32932-1209	Country USA
6. Name and Address of Current Registered Agent KINCAID, JAMES 5505 N ATLANTIC AVE #108 COCOA BEACH, FL 32931		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 405-B ATLANTIS ROAD City CAPE CANAVERAL FL Zip Code 32920	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DC NAME HARDING, NEAL STREET ADDRESS 5505 N ATLANTIC AVE., #108 CITY-ST-ZIP COCOA BEACH, FL 32931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 405-B ATLANTIS ROAD CITY-ST-ZIP CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 5505 N ATLANTIC AVE #108 CITY-ST-ZIP COCOA BEACH, FL 32931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 405-B ATLANTIS ROAD CITY-ST-ZIP CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>James Kincaid</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/28/08	Daytime Phone # 321-799-4090

40102000



04082008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3109180
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required