

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K74983

**FILED**  
**Apr 04, 2008**  
**Secretary of State**

**Entity Name:** HERITAGE FARMS INC.

**Current Principal Place of Business:**

C/O THOMAS B. HOMRICH  
6594 PARK LANE WEST  
LAKE WORTH, FL 33467

**Current Mailing Address:**

C/O THOMAS B. HOMRICH  
6594 PARK LANE WEST  
LAKE WORTH, FL 33467

FEI Number: 65-0268459

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**New Principal Place of Business:**

C/O THOMAS B. HOMRICH  
6594 PARK LANE WEST  
LAKE WORTH, FL 33449

**New Mailing Address:**

C/O THOMAS B. HOMRICH  
6594 PARK LANE WEST  
LAKE WORTH, FL 33449

**Name and Address of Current Registered Agent:**

HOMRICH, THOMAS B.  
6594 PARK LANE WEST  
LAKE WORTH, FL 33467 US

**Name and Address of New Registered Agent:**

HOMRICH, THOMAS B.  
6594 PARK LANE WEST  
LAKE WORTH, FL 33449 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: \_\_\_\_\_

04/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOMRICH, THOMAS B  
Address: 6594 PARK LANE WEST  
City-St-Zip: LAKE WORTH, FL 33467

Title: VD ( ) Delete  
Name: HOMRICH, SUZANNE M  
Address: 6594 PARK LANE WEST  
City-St-Zip: LAKE WORTH, FL

Title: SD ( ) Delete  
Name: HOMRICH, SUZANNE M  
Address: 6594 PARKLANE WEST  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HOMRICH, THOMAS B  
Address: 6594 PARK LANE WEST  
City-St-Zip: LAKE WORTH, FL 33449

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

Title: SD (X) Change ( ) Addition  
Name: HOMRICH, SUZANNE M  
Address: 6594 PARKLANE WEST  
City-St-Zip: LAKE WORTH, FL 33449

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: THOMAS B. HOMRICH

PD

04/04/2008

Electronic Signature of Signing Officer or Director

Date