

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K74983

**Entity Name:** HERITAGE FARMS INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 65-0268459

**Certificate of Status Desired:** Yes

**Name and Address of Current 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name HOMRICH, THOMAS B  
Address 6594 PARK LANE WEST  
City-State-Zip: LAKE WORTH FL 33449

Title VD  
Name HOMRICH, SUZANNE M  
Address 6594 PARK LANE WEST  
City-State-Zip: LAKE WORTH FL

Title SD  
Name HOMRICH, SUZANNE M  
Address 6594 PARKLANE WEST  
City-State-Zip: LAKE WORTH FL 33449

*I hereby 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 all other like empowered.*

**SIGNATURE:** THOMAS B. HOMRICH

**PRESIDENT**

**03/24/2025**

Electronic Signature of Signing Officer/Director Detail

Date