2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 396682

1. Entity Name
HERITAGE PAPER COMPANY, INC.

Principal Place of Business
P O BOX 23517
4011 MORTON ST.
JACKSONVILLE, FL 32217

Mailing Address
P O BOX 23517
4011 MORTON ST.
JACKSONVILLE, FL 32217

DO NOT WRITE IN THIS SPACE

04282006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1381594 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PURSER, ROBERT F
4011 MORTON ST.
JACKSONVILLE, FL 32217

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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 _____
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PURSER, ROBERT F
STREET ADDRESS	7551 HOLLYRIDGE CIR
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	MURPHREE JR,JOHN A H
STREET ADDRESS	822 NW 107TH TERR
CITY-ST-ZIP	GAINESVILLE, FL 32604
TITLE	D
NAME	PURSER, ROBERT F, JR.
STREET ADDRESS	10137 GOLF CLUB DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	POLK, SAMUEL
STREET ADDRESS	1721 GREEN ACRES DR
CITY-ST-ZIP	VIDALIA, GA 30474
TITLE	D
NAME	BUCKNER,JOHN H
STREET ADDRESS	4309 BLUE HERON DR
CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/12/06-80034-010 150.00

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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: _____ 4-28-06 904-737-4603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #