2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 652681

1. Entity Name
HERITAGE PAPER COMPANY, INC. OF ORLANDO

Principal Place of Business	Mailing Address
3905 CENTER LOOP 100 ORLANDO, FL 32808	3905 CENTER LOOP 100 ORLANDO, FL 32808

DO NOT WRITE IN THIS SPACE

04282006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1975681
☐ 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., SR.
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	PURSER, ROBERT F., SR.
STREET ADDRESS	7551 HOLLYRIDGE CIR
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	MURPHREE, JOHN A.H., JR.
STREET ADDRESS	822 N.W. 107TH TERRACE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	D
NAME	BUCKNER, JOHN H.
STREET ADDRESS	4309 BLUE HERON DR
CITY-ST-ZIP	PONTE VEDRA BEACH, FL
TITLE	D
NAME	PURSER, ROBERT F., JR.
STREET ADDRESS	10137 GOLF CLUB DR.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	POLK, SAMUEL
STREET ADDRESS	1721 GREEN ACRES DR
CITY-ST-ZIP	VIDALIA, GA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000547663
05/12/06-80034-012 150.00

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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: Robert F. Purser Sr. 4-28-06 904-737-6603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #