## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 652681** 

Entity Name: HERITAGE PAPER COMPANY, INC. OF ORLANDO

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	SIDENTS DR D, FL 32809				
Current Mailing Address:			New Mailing Address:		
	SIDENTS DR D, FL 32809				
FEI Number	: 59-1975681	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
4011 MOŔ	ROBERT F SF RTON ST. IVILLE, FL 322				
	named entity : e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electror	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( ) PURSER, ROB 7551 HOLLYRI JACKSONVILLI	DGE CIR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) MURPHREE, JO 822 N.W. 107T GAINESVILLE,	H TERRACE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) BUCKNER, JOH 4309 BLUE HE PONTE VEDRA	RON DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) PURSER, ROB 10137 GOLF C JACKSONVILLI	LUB DR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	D ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT F. PURSER, SR. CEO 04/30/2009

POLK, SAMUEL

VIDALIA, GA

1721 GREEN ACRES DR

Name:

Address:

City-St-Zip: