## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000006286

Entity Name: HERITAGE FINANCIAL GROUP, INC. OF JACKSONVILLE

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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9799 ST AUGUSTINE RD 9799 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257

Current Mailing Address: New Mailing Address:

9799 ST AUGUSTINE RD 9799 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257

FEI Number: 84-1285490 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HILL, KATISHA

9799 ST. AUGUSTINE RD

JACKSONVILLE, FL 32257 US

FRASER, THOMAS J

240 PONTE VEDRA PARK DRIVE

SUITE 150

PONTE VEDRA BEACH, FL 32082 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: THOMAS J FRASER 04/29/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S () Delete Title: P (X) Change () Addition

 Name:
 HILL, KATISHA
 Name:
 LEGRAND, RONALD F

 Address:
 9799 ST. AUGUSTINE ROAD
 Address:
 5490 GREENLAND ROAD

 City-St-Zip:
 JACKSONVILLE, FL 32257
 City-St-Zip:
 JACKSONVILLE, FL 32258

Title: P (X) Delete Title: ( ) Change ( ) Addition

 Name:
 WHEAT, RICK
 Name:

 Address:
 9799 ST AUGUSTINE RD
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32257
 City-St-Zip:

Title: T (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MOORE, MELANIE
 Name:

 Address:
 9799 ST AUGUSTINE RD
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32257
 City-St-Zip:

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: RONALD F LEGRAND P 04/29/2008