


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # F84573</b>	
1. Entity Name HERITAGE PAPER COMPANY, INC. OF TAMPA	

Principal Place of Business 4962 DISTRIBUTION DRIVE TAMPA, FL 33605-5921	Mailing Address 4962 DISTRIBUTION DRIVE TAMPA, FL 33605-5921
--	--



04282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2200907	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  PURSER, ROBERT F., SR 4011 MORTON STREET JACKSONVILLE, FL 32217
--

**DO NOT WRITE  
IN THIS SPACE**

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

000000547881  
05/12/06-80034-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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