
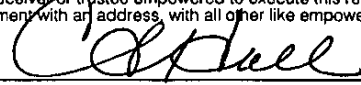


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90106 040 \*\*\*150.00

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # H68753</b><br>1. Entity Name<br><b>HERITAGE BANK OF NORTH FLORIDA</b>  |   |  |   |   |  |
| Principal Place of Business<br><b>794 BLANDING BLVD.<br/>P O BOX 2107<br/>ORANGE PARK, FL 32067-2107</b>   |   |  | Mailing Address<br><b>794 BLANDING BLVD.<br/>P O BOX 2107<br/>ORANGE PARK, FL 32067-2107</b>                        |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                |   | 4. FEI Number<br><b>59-2559367</b>   |  |
| City & State<br><br>Zip  |   | City & State<br><br>Zip  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                  |  |
| <b>6. Name and Address of Current Registered Agent</b>   |   |  |   | <b>7. Name and Address of New Registered Agent</b>   |  |
|  |   |  |   | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |
| 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 _____  |   |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | CD<br>HEAD, ROBERT J., JR.<br>841 SORRENTO ROAD<br>JACKSONVILLE, FL     | <input type="checkbox"/> Delete  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>HUNTLEY, LOUIS L.<br>104 MILWAUKE AVE<br>ORANGE PARK, FL           | <input type="checkbox"/> Delete  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PD<br>PITTS, DONALD M.<br>2592 ASHFORD COURT<br>ORANGE PARK, FL         | <input checked="" type="checkbox"/> Delete<br><b>Deceased 05-01-05</b>       |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | SV<br>REINEKE, LOIS<br>2199 ASTOR STREET, #103<br>ORANGE PARK, FL 32073 | <input type="checkbox"/> Delete  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>MORRIS, SHELDON A.<br>6975 OLD CHURCH ROAD<br>GREEN COVE SPGS., FL | <input type="checkbox"/> Delete  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PD<br>Knepper, Randolph L.<br>P.O.Box 2107, Orange Park, FL #2067       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |  |  |
| 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. |   |  |   |  |  |
| <b>SIGNATURE:</b>   |   |  | 04-18-05      904-272-2265  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |  | Date      Daytime Phone #   |  |  |

Charlotte A. Hall, VP/CF0

ATTACHMENT

40061711

# H68753

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**Heritage Bank of North Florida  
Document #H68753**

**(Physical Address)  
794 Blanding Boulevard  
Orange Park, FL 32065**

**(Mailing Address)  
Post Office Box 2107  
Orange Park, FL 32067**

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**Director  
Pass, Deborah S.  
1028 Fruit Cove Road  
Jacksonville, FL 32259**

**Director  
Wilhite, Marvin E.  
2050 Alpha Court  
Orange Park, FL 32065**

**Officer - VP  
Ventura, Remi  
5630 Coldstream Court  
Jacksonville, FL 32222**

**Officer- VP/CFO  
Hall, Charlotte A.  
4332 Rye Court  
Jacksonville, FL 32259**

**Officer - SVP  
James R. Strickland  
2718 Tanya Terrace  
Jacksonville, FL 32223**

**Officer-AVP/Electronic Banking Officer  
Shirley O. Marquez  
1631 Dartsmouth Drive  
Middleburg, FL 32068**

**Officer-AVP  
Judith A. Scott  
2498 Bottomridge Road  
Orange Park, FL 32065**