


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90275 036 ***150.00

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| DOCUMENT # M24354 1. Entity Name HERITAGE FOREST PRODUCTS, INC. |  |
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| Principal Place of Business 1990 INDUSTRIAL DR DELAND, FL 32724 | Mailing Address PO BOX 2460 DELAND, FL 32721 |
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-2618273 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**HRAWG CORP
1801 N MILITARY TRAIL
STE 200
BOCA RATON, FL 33431**

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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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MEYER, DONALD L. 4002 LEGION DRIVE HAMBURG, NY |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD EICHLER, DONALD A. 4002 LEGION DRIVE HAMBURG, NY |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D O'CONNELL, STEPHAN P 644 BROOKSHIRE DR 19521 DORR ROAD DEBARY FL ALTOONA, FL 32702 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BLACKMON, CLAUDE F. 1015 N FLORIDA AVE DELAND, FL 32720 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DUTTON, ANTHONY L 1800 ONE M&T PLAZA BUFFALO, NY |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *C. Fred Blackmon* 4-11-05 (386) 738-2811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #