


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2006 08:00 AM
Secretary of State

| | |
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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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01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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| 6. Name and Address of Current Registered Agent HRAWG CORP 1801 N MILITARY TRAIL STE 200 BOCA RATON, FL 33431 |
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (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

U000000511617~M
04/23/06-80059-002 150.00~M

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| 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 19521 DORR RD 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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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06 **386-738-2811**
Date Daytime Phone #