

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90039 013 ***150.00

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1. Entity Name
HERITAGE FOREST PRODUCTS, INC.



Principal Place of Business
**1990 INDUSTRIAL DR
DELAND, FL 32724**

Mailing Address
**PO BOX 2460
DELAND, FL 32721**

40057188



DO NOT WRITE IN THIS SPACE

01032007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2618273

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MEYER, DONALD L.
STREET ADDRESS 4002 LEGION DRIVE
CITY-ST-ZIP HAMBURG, NY

TITLE STD
NAME EICHLER, DONALD A.
STREET ADDRESS 4002 LEGION DRIVE
CITY-ST-ZIP HAMBURG, NY

TITLE D
NAME O'CONNELL, STEPHAN P
STREET ADDRESS 19521 DORR RD
CITY-ST-ZIP ALTOONA, FL 32702

TITLE VD
NAME BLACKMON, CLAUDE F.
STREET ADDRESS 1015 N FLORIDA AVE
CITY-ST-ZIP DELAND, FL 32720

TITLE D
NAME DUTTON, ANTHONY L
STREET ADDRESS 1800 ONE M&T PLAZA
CITY-ST-ZIP 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: *Claude F. Blackmon* **CLAUDE F. BLACKMON** **4/3/07** **386-738-2811**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #