

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90031 042 ***150.00

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1. Entity Name
HERITAGE BANCSHARES, INC.



Principal Place of Business
POST OFFICE BOX 2107
794 BLANDING BLVD.
ORANGE PARK, FL 32067-2107

Mailing Address
POST OFFICE BOX 2107
794 BLANDING BLVD.
ORANGE PARK, FL 32067-2107

DO NOT WRITE IN THIS SPACE



03142005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3653641

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

HEAD, ROBERT J
1530 BUSINESS CENTER DR., SUITE 4
ORANGE PARK, FL 32073

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE COB
NAME HEAD, ROBERT J JR.
STREET ADDRESS 1530 BUSINESS CENTER DRIVE SUITE 4
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE PCEO
NAME PITTS, DONALD M
STREET ADDRESS P.O. BOX 2107
CITY-ST-ZIP ORANGE PARK, FL 32067

TITLE S
NAME HALL, CHARLOTTE A
STREET ADDRESS 4332 RYE COURT
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: Charlotte A. Hall Charlotte A. Hall, VP

3/23/05 904/272-2265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #