

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P00000053026**

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**



02272008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3653641</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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, 2008 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	KNEPPER, RANDOLPH L
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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03/13/08-80017-018 150.00

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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:** Michael V. Kearney CFO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-27-08 904-272-2265

Date

Daytime Phone #

**Michael V. Kearney, CFO**