
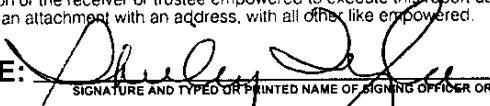


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90207 002 ***150.00

DOCUMENT # P02000038195 1. Entity Name UNITED HERITAGE BANKSHARES OF FLORIDA, INC.					
Principal Place of Business 640 EAST SR 434 SUITE 2000 LONGWOOD, FL 32750		Mailing Address 640 EAST SR 434 SUITE 2000 LONGWOOD, FL 32750			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04-3691059	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POWERS, DAVID G 1411 EDGEWATER DR, STE 200 ORLANDO, FL 32804			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1411 Edgewater Dr, Ste 100 City FL Zip Code		
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 registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HEWITT, JAMES 1411 EDGEWATER DR STE 200 ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1411 Edgewater Dr Ste 100	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD POWERS, DAVID G 1411 EDGEWATER DR STE 200 ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1411 Edgewater Dr Ste 100	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD HATTAWAY, J.M. 840 WATERWAY PLACE LONGWOOD, FL 32750	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TYLER, SHIRLEY 1411 EDGEWATER DR STE 200 ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1411 Edgewater Dr Ste 100	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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					
Date _____ Daytime Phone # _____					

40063999



04182006 Chg-P CR2E034 (11/05)

4. FEI Number
04-3691059

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POWERS, DAVID G
1411 EDGEWATER DR, STE 200
ORLANDO, FL 32804

Name

Street Address (P.O. Box Number is Not Acceptable)

1411 Edgewater Dr, Ste 100

City

FL

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP

CD
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1411 EDGEWATER DR STE 200
ORLANDO, FL 32804

☐ Delete

TITLE
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CITY-ST-ZIP

PSD
POWERS, DAVID G
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ORLANDO, FL 32804

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VCD
HATTAWAY, J.M.
840 WATERWAY PLACE
LONGWOOD, FL 32750

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
TYLER, SHIRLEY
1411 EDGEWATER DR STE 200
ORLANDO, FL 32804

☐ Delete

TITLE
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STREET ADDRESS
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1411 Edgewater Dr Ste 100

☒ Change ☐ Addition

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☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #