


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000075017**

1. Entity Name  
**HERON'S FOREST DEVELOPMENT COMPANY**



Principal Place of Business      Mailing Address

**17 S. PALAFOX STREET  
STE 394  
PENSACOLA, FL 32501    US**

**PO BOX 12358  
PENSACOLA, FL 32582    US**

**DO NOT WRITE IN THIS SPACE**



04042006    No Chg-P    CRZE034 (11/05)

4. FEI Number  
**59-3358920**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BAKER, RICHARD R  
17 S. PALAFOX ST  
STE 394  
PENSACOLA, FL 32501**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

U00000508044  
04/27/06-80026-019 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALTON, GARRETT W 17 S PALAFOX ST STE 394 PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST BAKER, RICHARD R 175 PALAFOX ST STE 394 PENSACOLA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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: Richard R Baker    Richard R Baker    4-12-06    850-134-5330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #