2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000075017

1. Entity Name

و بالجنس

HERON'S FOREST DEVELOPMENT COMPANY



Principal Place of Business

17 S. PALAFOX STREET

STE 394 PENSACOLA, FL 32501

Mailing Address

PO BOX 12358

PENSACOLA, FL 32582

US

FILED Apr 13, 2007 8:00 am Secretary of State

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No Chg-P

CR2E034 (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

ICHARD R AFOX ST

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept			
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable, (NOTE Registered	Agent signature	required when reinstating)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRECT	CTORS						
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							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. IN THIS SPACE					
TITLE NAME STREET ADDRESS								

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

Richard R BAKIL

4-10-01 850-434-533

Daytime Phone #