
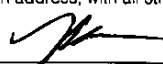


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90051 029 ***150.00

DOCUMENT # P95000075017 1. Entity Name HERON'S FOREST DEVELOPMENT COMPANY			
Principal Place of Business 17 S. PALAFOX STREET STE 394 PENSACOLA, FL 32501 US		Mailing Address PO BOX 12358 PENSACOLA, FL 32582 US	
2. Principal Place of Business - No P.O. Box # 3 West Garden Street, Suite 394 Pensacola, FL 32502		3. Mailing Address <i>Post Office Box 12358 Pensacola, Florida 32591</i>	
Zip 32502	Country US	4. FEI Number 59-3358920	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BAKER, RICHARD R 17 S. PALAFOX ST STE 394 PENSACOLA, FL 32501		7. Name and Address of New Registered Agent Name 3 West Garden Street, Suite 394³⁾ Pensacola, FL 32502 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PD WALTON, GARRETT W 17 S PALAFOX ST STE 394 PENSACOLA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 West Garden Street, Suite 394 Pensacola, FL 32502
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	3 West Garden Street, Suite 394 Pensacola, FL 32502
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
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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: 		Richard R. Baker	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/4/08	
Daytime Phone # 850-434-5330		Daytime Phone #	