2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000036177

Entity Name: HERITAGE BANK OF FLORIDA

FILED Jan 27, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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23000 STATE ROAD 54 LUTZ, FL 33549

Current Mailing Address: New Mailing Address:

23000 STATE ROAD 54 LUTZ, FL 33549

FEI Number: 59-3578825 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLARK, BYRON E 23000 STATE ROAD 54 LUTZ, FL 33549

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.

SIGNATURE: BYRON E CLARK 01/27/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition Name: ADAMS, RICHARD E Name: ADAMS, RICHARD E

 Address:
 3227 BANYAN HILL DRIVE
 Address:
 23000 STATE ROAD 54

 City-St-Zip:
 LAND O'LAKES, FL 34639
 City-St-Zip:
 LUTZ, FL 33549

Title: CD () Delete Title: CD (X) Change () Addition Name: HOBBY, H CLYDE Name: HOBBY, H CLYDE

Address: 6190 SEASIDE DRIVE Address: 5709 TIDALWAVE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete Title: D (X) Change () Addition

Name: CLARK, BYRON E Name: CLARK, BYRON E

Address: 19212 SEA MIST LANE Address: 3105 W WATERS AVE #210

City-St-Zip: LUTZ, FL 33558 City-St-Zip: TAMPA, FL 33614

Title: D () Delete Title: () Change () Addition Name: MARTINEZ, NELSON JR Name:

 Address:
 3904 FLOYD ROAD
 Address:

 City-St-Zip:
 TAMPA, FL 33624
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 KEMP, JEFFERY
 Name:
 KEMP, JEFFERY

 Address:
 10405 RECLINATA LANE
 Address:
 313 W FLETCHER AVE

 City-St-Zip:
 TAMPA, FL 33618
 City-St-Zip:
 TAMPA, FL 33612

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf ()} \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X)} \ {\sf Change} \ {\sf ()} \ {\sf Addition}$

 Name:
 SIMMONS, ASTON M
 Name:
 SIMMONS, ASTON M

 Address:
 11004 SAILBROOKE DR.
 Address:
 23000 STATE ROAD 54

 City-St-Zip:
 RIVERVIEW, FL 33569
 City-St-Zip:
 LUTZ, FL 33549

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BYRON E CLARK D 01/27/2004

J ROY BROOKS, DIRECTOR 25227 STATE ROAD 54 LUTZ FL 33559