

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000036177

FILED
Jan 06, 2005
Secretary of State

Entity Name: HERITAGE BANK OF FLORIDA

Current Principal Place of Business:

23000 STATE ROAD 54
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

23000 STATE ROAD 54
LUTZ, FL 33549

New Mailing Address:

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:

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:

01/06/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ADAMS, RICHARD E
Address: 23000 STATE ROAD 54
City-St-Zip: LUTZ, FL 33549

Title: CD () Delete
Name: HOBBY, H CLYDE
Address: 5709 TIDALWAVE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: CLARK, BYRON E
Address: 3105 W WATERS AVE #210
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: MARTINEZ, NELSON JR
Address: 3904 FLOYD ROAD
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: KEMP, JEFFERY
Address: 313 W FLETCHER AVE
City-St-Zip: TAMPA, FL 33612

Title: V () Delete
Name: SIMMONS, ASTON M
Address: 23000 STATE ROAD 54
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVP (X) Change () Addition
Name: SIMMONS, ASTON M
Address: 23000 STATE ROAD 54
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: ASTON M SIMMONS

SVP

01/06/2005

Electronic Signature of Signing Officer or Director

Date