


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 396682**  
1. Entity Name  
HERITAGE PAPER COMPANY, INC.



Principal Place of Business  
P O BOX 23517  
4011 MORTON ST.  
JACKSONVILLE, FL 32217

Mailing Address  
P O BOX 23517  
4011 MORTON ST.  
JACKSONVILLE, FL 32217

**DO NOT WRITE IN THIS SPACE**



03252004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1381594**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
  
PURSER, ROBERT F  
4011 MORTON ST.  
JACKSONVILLE, FL 32217

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

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000116113  
04/16/04-80050-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PURSER, ROBERT F
STREET ADDRESS	7551 HOLLYRIDGE CIR
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	MURPHREE JR, JOHN A H
STREET ADDRESS	822 NW 107TH TERR
CITY-ST-ZIP	GAINESVILLE, FL 32604
TITLE	D
NAME	PURSER, ROBERT F. JR.
STREET ADDRESS	10137 GOLF CLUB DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	POLK, SAMUEL
STREET ADDRESS	1721 GREEN ACRES DR
CITY-ST-ZIP	VIDALIA, GA 30474
TITLE	D
NAME	BUCKNER, JOHN H
STREET ADDRESS	4309 BLUE HERON DR
CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** Robert F. Purser, Jr. **3/25/04** **904-737-6603**

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