


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

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



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



DO NOT WRITE IN THIS SPACE

04272005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-1381594 Not Applicable

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

5. Name and Address of Current Registered Agent

PURSER, ROBERT F
 4011 MORTON ST.
 JACKSONVILLE, FL 32217

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

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 | |

U00000349332
 05/02/05-80020-020 150.00

DO NOT WRITE 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)(f), 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 Sr 4-27-05 904-737-6603

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