


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 01, 2006 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



04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-1381594 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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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 | |

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05/12/06-80034-010 150.00

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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: Robert F Purser 4-28-06 904-737-4608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #