

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90089 003 \*\*\*150.00


40002774



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0065575	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DOCUMENT # 461171**  
 1. Entity Name  
 SAM H. HERRON, JR., INC.



Principal Place of Business SAN SERVANDO AVE WARM MINERAL SPRGS, FL 34287	Mailing Address SAN SERVANDO AVE WARM MINERAL SPRGS, FL 34287
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
 HERRON, III S  
 1200 SAN SERVANDO AVE.  
 WARM MINERAL SPRINGS, FL 34287

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	HERRON, SAM H III , Vice-President SAN SERVANDO AVE WARM MINERAL SPR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LANIER, HAZEL , President 4970 LAUREL HILL DR VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Hazel I. Lanier, President Date: Jan 12, 2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

HAZEL I. LANIER