


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90221 023 ***150.00

DOCUMENT # P00000033065

1. Entity Name
PAUL T. HEROUX ESTATE MANAGEMENT COMPANY



Principal Place of Business Mailing Address
417 YVONNE DRIVE **417 YVONNE DRIVE**
WEST PALM BEACH, FL 33406 **WEST PALM BEACH, FL 33406**

50052128



2. Principal Place of Business 3. Mailing Address
417 Yvonne Drive *417 Yvonne Drive*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04252005 Chg-P CR2E034 (10/03)

City & State City & State
West Palm Beach FL *West Palm Beach FL*
 Zip Country Zip Country
33406 *USA* *33406* *USA*

4. FEI Number Applied For
65-0991076 Not Applicable

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

6. Name and Address of Current Registered Agent
HEROUX, PAUL
417 YVONNE DRIVE
WEST PALM BEACH, FL 33406

7. Name and Address of New Registered Agent
 Name *Paul Heroux*
 Street Address (P.O. Box Number is Not Acceptable)
417 Yvonne Drive
 City *West Palm Beach* FL Zip Code *33406*

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: *Paul Heroux* DATE: *5-11-05*
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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HEROUX, PAUL 417 YVONNE DRIVE WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HEROUX, NANCY 417 YVONNE DRIVE WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Paul Heroux* Date: *5-11-05* Daytime Phone #: *(561) 662-4797*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR