


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P0000091688		
1. Entity Name D HERMON, P.A.		
Principal Place of Business 7120 VIA MARBELLA BOCA RATON, FL 33433	Mailing Address 7120 VIA MARBELLA BOCA RATON, FL 33433	



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE


4. FEI Number 85-1044786	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

HERMON, DANNY
 7120 VIA MARBELLA
 BOCA RATON, FL 33433

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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:  DATE: 4-24-04

Signature space provided for registered agent and this is applicable (NOTE: Registered Agent signature required when filing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

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

1100000150405
 05/04/04-80005-002 150.00

TO: OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HERMON, DANNY 7120 VIA MARBELLA BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HERMON, DEBORAH 7120 VIA MARBELLA BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

18. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information provided on this report or supplemental report is true and accurate and that my signature and name 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 807, 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:  DATE: 4-24-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR