


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000091688

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

DO NOT WRITE IN THIS SPACE



03142007 No Chg-P CR2E034 (11/05)

4. FEI Number
 65-1044766

Applied For
 Not Applicable

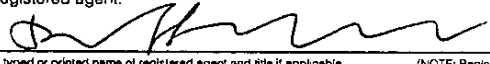
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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: 3.14.07

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	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
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 03/28/07-80081-003.150.00

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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:  DATE: 3.14.07

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