

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/15

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-15-2004 90039 046 ***150.00

DOCUMENT # P03000153079

1. Entity Name

HERRELL CONSTRUCTION, INC.



Principal Place of Business

8240 S. MCCANN RD.
SOUTHPORT FL 32409

Mailing Address

8240 S. MCCANN RD.
SOUTHPORT FL 32409

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3478462

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCDONOUGH, MATTHEW L
521 E. 4TH ST.
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$350.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HERRELL, DANNY ☐ Delete
STREET ADDRESS 8240 S. MCCANN RD.
CITY-ST-ZIP SOUTHPORT FL 32409

TITLE V
NAME WINDSOR, CHRISTOPHER J ☐ Delete
STREET ADDRESS 4117 EASY ST.
CITY-ST-ZIP SOUTHPORT FL 32409

TITLE T
NAME EDWARDS, STEVE ☐ Delete
STREET ADDRESS 1334 ST. ANDREWS BLVD., LOT K
CITY-ST-ZIP PANAMA CITY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Danny Herrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Danny Herrell

4-13-04

850 271-4309

Date

Daytime Phone #