


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90040 020 ***558.75

DOCUMENT # P06000117249

1. Entity Name
HERBROOK, INC.




Principal Place of Business Mailing Address
8198 TERRACE GARDEN DR NORTH # 507 ST PETERSBURG, FL 33709 **8198 TERRACE GARDEN DR NORTH # 507 ST PETERSBURG, FL 33709**

2. Principal Place of Business - No P.O. Box #
200-150th AVENUE

Suite, Apt. #, etc. 3. Mailing Address
A Suite, Apt. #, etc.

City & State City & State
MADEIRA BEACH, FL **MADEIRA BEACH, FL**

Zip Country Zip Country
33708 **PINELLAS** **33708** **PINELLAS**



07182007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-5535576 Not Applicable

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

6. Name and Address of Current Registered Agent

HERLEIN, CLINTON L
8198 TERRACE GARDEN DR NORTH # 507
ST PETERSBURG, FL 33709

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007

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	PS HERLIN, CLINTON L 8198 TERRACE GARDEN DR NORTH - # 507 ST PETERSBURG, FL 33709 <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	VPT BROOKS, RICHARD E 8198 TERRACE GARDEN DR NORTH - # 507 ST PETERSBURG, FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Brooks, Richard E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 462 Palm Dr. CRT N.E. St. Petersburg, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: PS Clinton L Herlein Date: 07/20/07 Daytime Phone #: 727-204-3486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR