


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 174880</b>	
1. Entity Name <b>HERPEL INC</b>	

Principal Place of Business <b>6400 GEORGIA AVE. W PALM BCH., FL 33405</b>	Mailing Address <b>6400 GEORGIA AVE. W PALM BCH., FL 33405</b>
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**DO NOT WRITE IN THIS SPACE**



04012008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-0703058</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>HERPEL, FREDERICK H. 7500 SOUTH FLAGLER DR. W PALM BCH., FL 33405</b>
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**DO NOT WRITE IN THIS SPACE**

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)

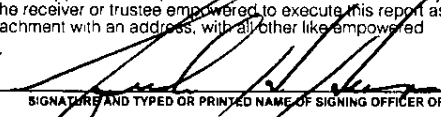
DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	000000882527 04/16/08-80045-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB HERPEL, HENRY K 2118 21ST LANE LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERPEL, FREDERICK H. 7500 SOUTH FLAGLER DR. WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCDONALD, JOAN E 805 LOCHWICK COURT WEST PALM BEACH, FL 33418
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**

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**  **4-3-08 561-585-5573**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #