


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-23-2007 90042 026 ***550.00

DOCUMENT # 373277 1. Entity Name RUSSELL HERIG & ASSOCIATES, INC.					
Principal Place of Business 1820 N. TAYLOR RD. BRANDON, FL 33510			Mailing Address PO BOX 803 BRANDON, FL 33509		
2. Principal Place of Business - No P.O. Box # 1906 N. Taylor Rd			3. Mailing Address Suite, Apt. #, etc.		
City & State BRANDON, FL.			City & State Suite, Apt. #, etc.		
Zip 33510		Country USA		4. FEI Number 59-1313510	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BUTLER, JAMES E 1820 N. TAYLOR RD BRANDON, FL 33510				7. Name and Address of New Registered Agent Name: <u>Richard Soule</u> Street Address (P.O. Box Number is Not Acceptable) 1906 N. Taylor Rd City: <u>BRANDON</u> FL Zip Code: <u>33510</u>	
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: <u>Richard C. Soule</u> <u>Richard C. Soule</u> <u>7/12/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD BUTLER, JAMES E 1820 NORTH TAYLOR ROAD BRANDON, FL 33510	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Richard Soule 1906 N. Taylor Rd BRANDON, FL 33510	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOULE, JENNIFER 1906 N TAYLOR RD BRANDON, FL 33510	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS TODD WAGNER 2688 MEADOWOOD CT WESTON, FL 33332	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUTLER, BARBARA H 1820 NORTH TAYLOR ROAD BRANDON, FL 33510	<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	VD SOULE, RICHARD 1906 N TAYLOR RD BRANDON, FL 33510	<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	<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	<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: <u>Richard C. Soule</u> <u>Richard C. Soule</u> <u>7/12/07</u> <u>803-478-8385</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					