2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 388514

Entity Name
LOUIS C. HERRING & CO.

Principal Place of Business
[illegible] S. ORANGE AVENUE
SUITE 2
ORLANDO, FL 32806 US

Mailing Address
POST OFFICE BOX 2191
ORLANDO, FL 32802

01202006 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-1360679

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AUSTIN, GLENN W
3703 VAN ARSDALE STREET
OVIEDO, FL 32765

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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
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000397639
01/30/06-00058-013 150.00

OFFICERS AND DIRECTORS

S
AUSTIN, DOROTHY Y
1287 HARBOUR ISLAND RD
ORLANDO, FL 32809

PT
AUSTIN, GLENN W
3703 VAN ARSDALE STREET
OVIEDO, FL 32765

VD
AUSTIN, G. WILLIAM
1287 HARBOUR ISLAND RD
ORLANDO, FL 32809

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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: Glenn W. Austin 01/20/2006 407-841-6770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #