2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #388514

1. Entity Name

LOUIS C. HERRING & CO.



FILED Jan 05, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1111 S. ORANGE AVENUE

LEVEL 2 ORLANDO, FL 32806 US POST OFFICE BOX 2191 ORLANDO, FL 32802



01032007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1360679

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

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 Signature: typed or printed name of registered agent and trile if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS		······································	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AUSTIN, DOROTHY Y 1287 HARBOUR ISLAND RD ORLANDO, FL 32809				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT AUSTIN, GLENN W 3703 VAN ARSDALE STREET OVIEDO, FL 32765				U00000578875 01/05/07-80003-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AUSTIN, G. WILLIAM 1287 HARBOUR ISLAND RD ORLANDO, FL 32809			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
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TITLE NAME STREET ADDRESS			- A13-	* **** * ***	·

12. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

STONATORE AND THESE OF BOUNDS NAME OF STONES OFFICER OF

01/03/07

407-841-6770

Daytime Phone #