

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 A
Secretary of State

DOCUMENT # 388514

1. Entity Name
LOUIS C. HERRING & CO.



Principal Place of Business
**1111 S. ORANGE AVENUE
LEVEL 2
ORLANDO, FL 32806 US**

Mailing Address
**POST OFFICE BOX 2191
ORLANDO, FL 32802**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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 title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	AUSTIN, DOROTHY Y
STREET ADDRESS	1287 HARBOUR ISLAND RD
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	PT
NAME	AUSTIN, GLENN W
STREET ADDRESS	3703 VAN ARSDALE STREET
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	VD
NAME	AUSTIN, G. WILLIAM
STREET ADDRESS	1287 HARBOUR ISLAND RD
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000775307
01/08/08-80025-007 150.00

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn W. Austin

01/03/08

407-841-6770

Date

Daytime Phone #