


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # 495989 | |
| 1. Entity Name STEVEN B. HERING CORP. | |
|  | |
| Principal Place of Business 320 SW 27 AVE. OCALA, FL 34474 US | Mailing Address 320 SW 27 AVE. OCALA, FL 34474 US |



02142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 4. FEI Number 59-1705994 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent | |
| HERING, STEVEN BOYD 13700 SE 45 CT. SUMMERFIELD, FL 34491 | 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 _____

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| 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 |
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|--|--|
| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDT HERING, STEVEN BOYD 13700 S.E. 45TH COURT SUMMERFIELD, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HERING, CHARLOTTE M. 13700 SE 45TH CT SUMMERFIELD, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ELY, ROCHELLE 320 SW 27 AVE. OCALA, FL 34474 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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03/02/07-80065-013 158.75

**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:  **Steven B. Hering** **Feb 26 07** **(352)401-3667**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #