

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 552336

1. Entity Name
K. HERRON & SONS CONCRETE CONSTRUCTION CO.,
INC.



Principal Place of Business

11450 S.W. 17TH STREET
DAVIE, FL 33325

Mailing Address

11450 S.W. 17TH STREET
DAVIE, FL 33325

FILED
Jul 07, 2004 08:00 AM
Secretary of State



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1779616

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HERRON, KENNETH
11450 S.W. 17TH STREET
DAVIE, FL 33325

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	HERRON, KENNETH
STREET ADDRESS	11450 S.W. 17TH ST
CITY-ST-ZIP	DAVIE, FL
TITLE	P
NAME	HERRON, CARROL
STREET ADDRESS	11450 S.W. 17TH ST
CITY-ST-ZIP	DAVIE, FL
TITLE	VP
NAME	HERRON, KENNETH II
STREET ADDRESS	1700 SW 115TH AVE.
CITY-ST-ZIP	DAVIE, FL
TITLE	S
NAME	HART, KELLIE SUE
STREET ADDRESS	1851 SW 115 AVE
CITY-ST-ZIP	DAVIE, FL
TITLE	V
NAME	HERRON, CLAY BOY
STREET ADDRESS	11450 SW 17TH STREET
CITY-ST-ZIP	DAVIE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000163759
07/07/04-80015-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

CAROL HERRON 7/1/04 954-472-6811

Date

Daytime Phone #