



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/8/2005-90045-048-\$150.00-\$150.00

DOCUMENT # 552336 1. Entity Name K. HERRON & SONS CONCRETE CONSTRUCTION CO., INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 AUG 23 PM 1:05 	
Principal Place of Business 11450 S.W. 17TH STREET DAVIE FL 33325				Mailing Address 11450 S.W. 17TH STREET DAVIE FL 33325			
2. Principal Place of Business		3. Mailing Address		1st MOORE CR2E034 (10/04)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 59-1779616				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				7. Name and Address of New Registered Agent			
HERRON, KENNETH 11450 S.W. 17TH STREET DAVIE FL 33325				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>			
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 re-registering) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERRON, KENNETH 11450 S.W. 17TH ST DAVIE FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERRON, CARROL 11450 S.W. 17TH ST DAVIE FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERRON, KENNETH II 1700 SW 115TH AVE. DAVIE FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 000058967660 08/25/05--01045--001 **8.75 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HART, KELLIE SUE 1851 SW 115 AVE DAVIE FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERRON, CLAY BOY 11450 SW 17TH STREET DAVIE FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HERRON, CLAY 11450 SW 17TH ST DAVIE, FL 33325		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____				Date: 8-1-05 Daytime Phone: 954-426811			

K. HERRON & SONS, CO., INC.

11450 S.W. 17 Street
Davie, FL 33325

Concrete Construction
Specializing in All Types of
Curbs and Sidewalks

"Concrete Cowboys"
(954) 472-6811

AUGUST 22, 2005

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314
ATTN: GARY BLANKENBAKER**

REF: 2005 ANNUAL REPORT

GARY,

I SPOKE TO YOU ON THE PHONE ON AUGUST 22, 2005 IN REFERENCE TO THE \$400.00 LATE FEE FOR THE ANNUAL REPORT. WE NEVER RECEIVED THE FIRST NOTICE FOR THE RENEWAL. WHEN I DID RECEIVE A NOTICE I MAILED IT OUT THE VERY NEXT DAY. PLEASE WAIVE THE LATE FEE IF POSSIBLE. I AM ALSO ENCLOSING \$8.75 FOR A CERTIFICATE OF STATUS. IF YOU HAVE ANY QUESTIONS PLEASE CALL ME AT 954-472-6811.

THANK YOU

MINDY HERRON