


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 556241 1. Entity Name HERBERT/HALBACK, INC.	
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Principal Place of Business 423 S. KELLER ROAD SUITE 300 ORLANDO, FL 32810-6132 US	Mailing Address 423 S. KELLER ROAD SUITE 300 ORLANDO, FL 32810-6132 US
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DO NOT WRITE IN THIS SPACE



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1794375	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAYDUCK, JUDITH I 423 S. KELLER ROAD SUITE 300 ORLANDO, FL 32810-6132	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	DV RAIMAN, RANDALL G 423 S. KELLER ROAD, SUITE 300 ORLANDO, FL 328106132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORLESS, VIRGINIA L 423 S. KELLER ROAD, SUITE 300 ORLANDO, FL 328106132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MAGLEY, JAMES R 423 S. KELLER ROAD, SUITE 300 ORLANDO, FL 328106132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST HAYDUCK, JUDITH I 423 S. KELLER ROAD, SUITE 300 ORLANDO, FL 328106132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATES, MARY N 423 S. KELLER ROAD, SUITE 300 ORLANDO, FL 328106132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(f), 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: <i>Judith I Hayduck</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <i>2/11/05</i>	Days and Phone #: <i>407.422.1449</i>
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