2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 657216

1. Entity Name
FLORIDA HERMETICS, INC.

Principal Place of Business	Mailing Address
560 NE 42ND ST #B OAKLAND PARK, FL 33334	560 NE 42ND ST #B OAKLAND PARK, FL 33334

DO NOT WRITE IN THIS SPACE

04302007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2009859	Not Applicable

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

6. Name and Address of Current Registered Agent

DOMINKO, EUGENE J, JR
560 NE 42ND ST #B
OAKLAND PARK, FL 33334

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 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	DOMINKO, EUGENE J. JR.
STREET ADDRESS	560 NE 42ND ST #B
CITY-ST-ZIP	OAKLAND PARK, FL

TITLE	
NAME	
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CITY-ST-ZIP	

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U00000755028
05/22/07-80085-009 150.00

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: _Eugene J Dominko JR_   4/29/2007   954-563-3827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #