


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000003178 1. Entity Name HERMES INVESTMENT CO., INC.	
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Principal Place of Business 220 BUSH STREET, SUITE 1100 SAN FRANCISCO, CA 94104	Mailing Address 220 BUSH STREET, SUITE 1100 SAN FRANCISCO, CA 94104
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04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-2475366	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KEYES, WILLIAM A JR 2125 FIRST STREET, SUITE 101 FORT MYERS, FL 33901

**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 _____
Signature, typed or printed name of registered agent and file if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	CPS MANN, ROBERT H 220 BUSH STREET, SUITE 1100 SAN FRANCISCO, CA 94104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEYES, WILLIAM A JR. 2125 FIRST STREET, SUITE 101 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HECKERMAN, MARJORIE 2125 FIRST STREET, SUITE 101 FORT MYERS, FL 33901
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000549960
05/13/06-80040-022 50.00

**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:  4/24/06 415 398 4251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #