

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01643

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** HERMITAGE RESEARCH INSTITUTE, INC.

**Current Principal Place of Business:**

702 SOUTH FIELDING  
TAMPA, FL 33606

**New Principal Place of Business:**

704 WEST SWANN AVENUE  
TAMPA, FL 33606

**Current Mailing Address:**

702 SOUTH FIELDING  
TAMPA, FL 33606

**New Mailing Address:**

704 WEST SWANN AVENUE  
TAMPA, FL 33606

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JOHN M. BELOHLAVEK  
702 SOUTH FIELDING AVENUE  
702 SOUTH FIELDING  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: TURNER, SUSAN  
Address: 702 SOUTH FIELDING AVENUE  
City-St-Zip: TAMPA, FL 33606

Title: TD  
Name: BELOHLAVEK, JOHN  
Address: 702 SOUTH FIELDING  
City-St-Zip: TAMPA, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN M. BELOHLAVEK

TD

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date