


# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F77845		
1. Entity Name HERRING CLEANING SERVICES, INC.		

Principal Place of Business 4566 ST JOHNS AVE JACKSONVILLE, FL 32210	Mailing Address P O BOX 380090 JACKSONVILLE, FL 32205 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07122008 Chg-P CR2E034 (12/06)

4. FEI Number 59-1784134	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  HERRING, JOAN C PRESIDE 4566 ST. JOHNS AVE. JACKSONVILLE, FL 32210		7. Name and Address of New Registered Agent Name Regina Faye Mizell Street Address (P.O. Box Number is Not Acceptable) 4566 St. Johns Avenue City Jacksonville FL Zip Code 32210	
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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 <i>Regina Faye Mizell</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE 7-30-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>

Amended AR is \$61.25	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HERRING, SHANE <input checked="" type="checkbox"/> Delete 12008 E RISING OAKS DR JACKSONVILLE, FL 32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Regina Faye Mizell <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4566 St. Johns Avenue Jacksonville, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRING, JOAN <input checked="" type="checkbox"/> Delete 4566 ST. JOHNS AVENUE JACKSONVILLE, FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Clinton Edward Mizell <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4566 St. Johns Avenue Jacksonville, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRING, CARL <input checked="" type="checkbox"/> Delete 4566 ST. JOHNS AVENUE JACKSONVILLE, FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRIGHT, JENNY <input checked="" type="checkbox"/> Delete 730 ST RD 26 MELROSE, FL 32666	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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 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: <i>Regina Faye Mizell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: 7-30-08 DAYTIME PHONE: 904-384-8427

FILED

08 AUG 19 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

