

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2006 8:00 am
Secretary of State

04-28-2006 90146 015 ***150.00

DOCUMENT # G41834 1. Entity Name J. HERRMANN & ASSOCIATES, INC.	
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Principal Place of Business 307 W JERSEY PO BOX 1174 BRANDON, FL 33509	Mailing Address 307 W JERSEY PO BOX 1174 BRANDON, FL 33509
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DO NOT WRITE IN THIS SPACE



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2302280	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HERRMANN, JOHN S., JR.
307 WEST JERSEY
BRANDON, FL 33511

**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] 5/11/06
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when renewing) DATE

FILE NOW!!! FEE IS \$180.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	CD HERRMANN, JOHN S., JR. 307 W JERSEY AVE BRANDON, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD HERRMANN, JOHN J 307 W JERSEY AVE BRANDON, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD HERRMANN, CAROLE P 307 W. JERSEY AVE BRANDON, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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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: [Signature] 5/24/06 813 689-4824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #