

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 AUG 31 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G76279 1. Entity Name HERMAN, LAGOR, HOPKINS & MEEKS, P.A.			
Principal Place of Business 400 N. ASHLEY DRIVE, SUITE 2650 TAMPA, FL 33602-4320		Mailing Address 400 N. ASHLEY DRIVE, SUITE 2650 TAMPA, FL 33602-4320	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip 33602-4328	Country	Zip 33602-4328	Country



07112007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2348084	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 HERMAN, RICHARD M 400 N. ASHLEY DR. SUITE 2650 TAMPA, FL 33602	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	PTD HERMAN, RICHARD M. 400 N. ASHLEY DRIVE, SUITE 2650 TAMPA, FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 18pt; font-weight: bold;">000109193320</div> <div style="font-size: 14pt;">09/07/07--01012--013 **61.25</div>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VSD LAGOR, FRANK D. 400 N. ASHLEY DRIVE, SUITE 2650 TAMPA, FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD HOPKINS, ELIZABETH C 400 N ASHLEY DR. #2650 TAMPA, FL 33602	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD MEEKS, CHARLIE M 400 N ASHLEY DR SUITE 2650 TAMPA, FL 33602	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Richard M. Herman, President 8/24/07 813-223-5577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone