


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # G76279 1. Entity Name HERMAN LAGOR HOPKINS, P.A.	
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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
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

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
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**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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000866015 04/08/08-80010-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HERMAN, RICHARD M. 400 N. ASHLEY DRIVE, SUITE 2650 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LAGOR, FRANK D. 400 N. ASHLEY DRIVE, SUITE 2650 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOPKINS, ELIZABETH C 400 N ASHLEY DR. #2650 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Richard M. Herman President 3/18/08 813.223.5577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
RICHARD M. HERMAN