## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H22774

Title:

Name:

Address:

City-St-Zip:

FILED Apr 19, 2004 Secretary of State

Entity Nam	ne: HERCAL C	ORP.					
Current Principal Place of Business:			New Princi	New Principal Place of Business:			
1798 HERC CLEARWA	CULES AVE TER, FL 34625						
Current Mailing Address:			New Mailing Address:				
1798 HERC CLEARWA	CULES AVE TER, FL 34625						
FEI Number:	59-2446034	FEI Number Applied For ( )	El Number Not Appli	cable ( )	Certificate of Status Desired ( )		
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
RAYMOND 625 COUR CLEARWA	, J. PAUL T ST., STE 200 TER, FL 33756	3					
The above in the State		bmits this statement for the purp	ose of changing it	s registered offi	ce or registered agent, or bot	th,	
SIGNATUR		C: 1				_	
Election Cam		Signature of Registered Agent  Grust Fund Contribution ( ).			Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VP () C KENT, KUIDERA 4242 PRESERVE SAFETY HARBOR		Title: Name: Address: City-St-Zip:	VP (X) C WILSON, STEPH/ 3068 OAK HILL R CLEARWATER, F	D		
Title: Name: Address: City-St-Zip:	P () D DARRALD WILSO 3068 OAK HILL R CLEARWATER, F	c	Title: Name: Address: City-St-Zip:	P (X) C WILSON, DARRA 3068 OAK HILL R CLEARWATER, F	D		
Title: Name: Address: City-St-Zip:	() [	velete	Title: Name: Address: City-St-Zip:	SEC () C IRIZARRY, ANGE 8901 PEPPERMIL TAMPA, FL 3363	LL CT		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

ASTS

RAYMOND, PAUL

410 PONCE DE LEON BLVD.

BELLEAIR, FL 33756 US

( ) Change (X) Addition

SIGNATURE: J. PAUL RAYMOND ASTS 04/19/2004

() Delete