

**2008 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90031 041 \*\*\*150.00

**DOCUMENT # H22774**

1. Entity Name  
HERCAL CORP.



Principal Place of Business  
1798 HERCULES AVE  
CLEARWATER, FL 34625

Mailing Address  
1798 HERCULES AVE  
CLEARWATER, FL 34625



04222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2446034

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

RAYMOND, J. PAUL  
625 COURT ST., STE 200  
CLEARWATER, FL 33756

**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. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME WILSON, STEPHANIE D  
STREET ADDRESS 2970 MAPLE TRACE  
CITY-ST-ZIP TARPON SPRINGS, FL 34688

TITLE SEC  
NAME IRIZARRY, ANGEL L  
STREET ADDRESS 8901 PEPPERMILL CT  
CITY-ST-ZIP TAMPA, FL 33634

TITLE ASTS  
NAME RAYMOND, PAUL  
STREET ADDRESS 410 PONCE DE LEON BLVD.  
CITY-ST-ZIP BELLEAIR, FL 33756

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #