## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED

Sep 21, 2004 8:00 am Secretary of State
09-21-2004 90001 028 ***150.00

**DOCUMENT # H26413** 1. Entity Name HERMES INTERNATIONAL, INC. Z4U0J0J1 Principal Place of Business Mailing Address 1740 HUDSON BRIDGE RD 1740 HUDSON BRIDGE RD STE 1152 STE 1152 STOCKBRIDGE, GA 30281 STOCKBRIDGE, GA 30281 2. Principal Place of Business 357 SMOKERISETLAN Suite, Apt. #, etc 09142004 Cha-P CR2E034 (10/03) **⊘tr**y & State 4. FEI Number Applied For ity & State ACHIPET 59-2477680 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JUNKER, CHRISTA Street Address (P.O. Box Number is Not Acceptable) 8520 S.W. 83 ST. MIAMI, FL 33143 Zip Code City FL 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. DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. 57 LEUEN DERFER Change **PVST** TITLE ☐ Delete TOLE PALMER, AMY NAME NAME 1740 HUDSON BRIDGE RD #1152 STREET ADDRESS STREET ADDRESS STOCKBRIDGE, GA 30281 CITY-ST-7IP CITY-ST-ZIF Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP · 🖪 Addition TITLE ☐ Delete TITLE Change: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information indicated on this report or supplemental report is true and accurage 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 of the receiver or trustee empowered to execute this report as required by hapter 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