## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # H44506** 07-20-2005 90028 018 \*\*\*550.00 1. Entity Name HERMAN CONSTRUCTION, INC. Principal Place of Business Mailing Address 834 Lawrel St. % MARK STEPHEN HERMAN % MARK STEPHEN HERMAN 1171 TUMBLEWEED RUN 50056433 TALLAHASSEE, FL 32317 TALLAHASSEE, FL 32311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05052005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2538877 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **HERMAN, MARK STEPHEN** 534 Laurel St. 1171 TUMBLEWEED RUN Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32311 32303 City Zip Code 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 \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HERMAN, MARK STEPHEN NAME 1171 TUMBLWEED RUN 834 Laurel St. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32311\_ CITY-ST-ZIP ろひろう TITLE ☐ Delete TILLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 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. 850-566-0288 SIGNATURE:

FILED

Jul 20, 2005 8:00 am