



FILED

Jun 09, 2008 08:00 AM
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H55456 1. Entity Name HERZER PLUMBING SERVICE, INC.			
Principal Place of Business 17 ROBIN ROAD ORANGE PARK, FL 32073-6401 US		Mailing Address HERZER PLUMBING SERVICE P.O. BOX 422 ORANGE PARK, FL 32067-0422 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
			
		04302008 Chg-P CR2E034 (12/06)	
		4. FEI Number 59-2571844	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUCHMAN, GLENN E 3453 RED OAK CIRCLE EAST ORANGE PARK, FL 32073		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: <u><i>Glenn Buchman</i></u> <u>4/30/08</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P BUCHMAN, GLENN E 3453 RED OAK CIRCLE EAST ORANGE PARK, FL 32073	TITLE	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000952926 06/09/08-80002-022 150.00
TITLE	STC BUCHMAN, BRYAN E 1434 ALLEN MAC COURT ORANGE PARK, FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V BUCHMAN, BETTY J. 17 ROBIN ROAD ORANGE PARK, FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V BUCHMAN, EDWARD E 17 ROBIN ROAD ORANGE PARK, FL 32073	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Glenn Buchman</i></u>		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			