

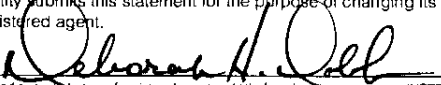
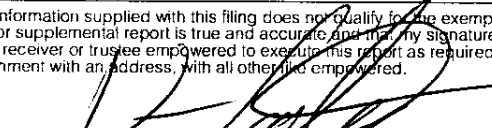


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90159 038 \*\*\*150.00

<b>DOCUMENT # H88564</b> 1. Entity Name <b>T. HERR, INC.</b>					
Principal Place of Business <b>16550 FRONT BCH ROAD PANAMA CITY BEACH, FL 32407 US</b>				Mailing Address <b>419 ORCHARD CIRCLE DOTHAN, AL 36305 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>17 TWIN OAKS LANE</b>  Suite, Apt. #, etc.			
City & State  City: <b>DOTHAN, AL</b>		4. FEI Number <b>59-2621343</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>36303</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HESS, GLENN L. 9108 WEST HIGHWAY 98 PANAMA CITY BEACH, FL 32407</b>				7. Name and Address of New Registered Agent Name: <b>DEBORAH H. DOBBS</b> Street Address (P.O. Box Number is Not Acceptable): <b>12024 DOBBS LANE</b>  City: <b>SOUTHPORT</b> FL Zip Code: <b>32409</b>	
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: <b>4-28-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARTER, VINCE 409 ORCHARD CIRCLE DOTHAN, AL 36305	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	17 TWIN OAKS LANE DOTHAN, AL 36303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARTER, BECKY 409 ORCHARD CIRCLE DOTHAN, AL 36305	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	17 TWIN OAKS LANE DOTHAN, AL 36303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>VINCE CARTER, PRESIDENT</b>			Date: <b>4-29-04</b>		Daytime Phone #: <b>(334) 702-3465</b>