

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90017 033 ***150.00

DOCUMENT # H88846 1. Entity Name HERMAN BUILDING, INC.					
Principal Place of Business % DAVID KERBEN 725 N. MAGNOLIA AVENUE ORLANDO, FL 32803			Mailing Address 31436 SOARING HAWK LANEM SORRENTO, FL 32776		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 31436 Soaring Hawk Lane Suite, Apt. #, etc.			
City & State City: _____ State: _____		City & State Sorrento, FL			
Zip Country		Zip 32776		Country USA	
6. Name and Address of Current Registered Agent MARTIN, PATRICIA E 31436 SOARING HAWK LANE SORRENTO, FL 32776				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KERBEN, DAVID 725 N. MAGNOLIA AVE. ORLANDO, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARTIN, PATTE 725 N. MAGNOLIA AVE. ORLANDO, FL	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <i>Patricia E. Martin</i> Patricia E. Martin					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> 07-08-04 <small>Daytime Phone #</small>					

352-735-0000

Attachment

Herman Building, Inc.
31436 Soaring Hawk Lane
Sorrento, FL 32776

H88846
44048018

Florida Dept. of State
Division of Corporations
P.O. 1500
Tallahassee, FL 32302-1500

July 8, 2004

Dear Division of Corporations,

This letter is in reference to a postcard just sent to us from your office of "Notice of Intent to Dissolve" our above named corporation, Document #H88846. However, we never received the initial form or notice as we have always received in the past.

Therefore, we are mailing in the form with our usual \$150.00, and submitting a minor change of address that you had incorrect. Thank you in advance for your assistance to this important matter. If you need any other assistance, please feel free to contact us at (352)735-0000.

Sincerely,

Patricia E. Martin

Patricia E. Martin, Secretary