# FILED Aug 16, 2005 8:00 am Secretary of State 08-16-2005 90038 019 \*\*\*150.00

## 2005 FOR PROFIT CORPORATION

SIGNATURE: \_

	ANNUAL	REPORT		_	
1. Entity Nam	MENT # J17214 HERSLOFF, INC.				
Principal Plac 3200 CORRII ORLANDO, FI	NE DR	Mailing Address 3200 CORRINE DR ORLANDO, FL 32803 US	1 100		50061782
-				01272005 No Chg-P CI	R2E034 (10/03)
do not write in this space		CE	4. FEI Number 59-2698021	Applied For Not Applicable  \$8.75 Additional	
·	6 Name and Address of Current De	nintered Agent	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	Fee Required
	6. Name and Address of Current Re	gistered Agent			
	F, SIGURD NILES III RECREST DR		do not write		
ORLANDO, FL 32803				in this spac	4
	named entity submits this statement for ti	ne purpose of changing its register	red office or register	ed agent, or both, in the State of Florida.	I am familiar with, and accept
SIGNATURE_	Signature, typed of printed name of registered agent and	title if applicable. (NOTE: Register	ed Agent signature required	when reinstating)	DATE
	E NOW!!! FRE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution.	ncing \$5.	00 May Se ed to Fees	
10.	OFFICERS AND DI	RECTORS		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
TITLE NAME	D HERSLOFF, SIGURD N. III				
STREET ADDRESS CITY-ST-ZIP	4050 SHORECREST ORLANDO, FL 32804				
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12. I hereby of indicated of the corchanged.	certify that the information supplied with it on this report or supplemental report is treporation or the receiver or trustee empower or on an attachment with an address, with the contract of the contract o	is filing does not qualify for the exe ue and accurate and that my stops ered to execute this report as required half other like empowered.	emplion stated in Se flyre shall have the ived by Chapter 607	ction 119.07(3)(i), Florida Statutes, I furthe same legal effect as if made under oath; i r, Florida Statutes; and that my name app	



### **ATTACHMENT**

#J17214

August 5, 2005

Florida Division of Corporations P.O. Box 6198 Tallahassee, FL 32314

Dear Sir or Madam:

I am in receipt of the Notice of Intent to Dissolve for Sigurd Hersloff Inc., document number J17214. Please find documentation attesting to having received request for registration for 2005. The application was sent on February 15, 2005 with check for the appropriate \$150 fee, check number 1371. Concurrent with receiving your Notice of Intent, I was informed by my accountant that check number 1371 has not cleared. Apparently my mail to you with application and check was lost in route or within your system. Please find copies of all documentation. Please find new check number 1530 for original \$150 fee and I am requesting waiver of \$400 penalty.

Please contact me at (407) 898-9666 if this is in any way a problem.

Very truly yours

Sigurd N. Hersloff (III

Owner





FLORIDA DEPARTMENT OF STATE
Secretary of State
Glenda E. Hood
DIVISION OF CORPORATIONS
P.O. Box 6327
Taliahassee, Florida 32314

First-Class Mail U.S. Postage PAID State of Florida 84321

#### NOTICE OF INTENT TO DISSOLVE

#### OPTION 3 - Receive a form by mail - Allow up to 28 days total processing time.

- Detach this postcard.
- Enter address to mail report to, if <u>different</u> from preprinted address.
- · Affix postage on reverse side and mail.

Document #

J17214

SIGURD HERSLOFF, INC. 3200 CORRINE DR ORLANDO FL 32803-2230



# ATTACHMENT

50061782 #J17214

#### **IMPORTANT INSTRUCTIONS**

- Make check payable to Florida Department of State.
   Check must be payable in United States Funds and through a United States Bank.
- Submit report with a separate check for each filing.
- \* The fee to file the profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75. Only one certificate may be requested.
- Certificates will be mailed to the entity's mailing address only.
- Sign report in block 12.

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SIGURD HERSLOFF INC. 03-04	FEI# 59-2698021 1371
3200 CORRINE DR. 407-898-9666 ORLANDO, FL 32803	DATE Feb. 15, 2005 63-8136/2631
PAYER OF HOrida Dipartment of St	ate \$ 150.00
FAIRWINDS	DOLLARS 1
GREDIT UNION  www.fairwinds.org Ph:(407) 277-5045 △	
FOR 2005 annual Report	MP

#### Mail completed report to:

Division of Corporations P.O. Box 6198 Tallahassee, FL 32314 Courier Address: (overnight delivery)
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

#### Questions?

Phone: (850) 245-6056 Hearing/Voice Impaired may call (850) 245-6096 (TDD)

#### INFORMATION REGARDING RETURNED CHECK

ATTACHMENT SUUGI 782 #J17214

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-135.44 -150.00 -250.00 -16.79 -3,000.00 -175.17 -100.10 -301.33 -400.00

ATST Wireless—
Florida Department—
Allstate Insurance
State of FLorida De...
Chase Card Services
Chardo Wilities Co...
Allstate Insurance
Ball South
American Express
Melanie A Yeager

1415-1371-1458 1455 1453 1453 1457 1458

5/16/2004 2/15/2005 3/22/2005 5/5/2005 5/27/2005 5/27/2005 5/27/2005 5/27/2005

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20,795.00

20,795,00

15,695.00 19,670.00 20,795.00

1,220.60 3,975.00 1,125.00

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ATTACHMENT
DO61789
#J17214

ave these checks been voided?
*

Total Cleared Transactions

Uncleared Transactions Checks and Payments - 12 items

Cleared Balance

Total Deposits and Credits

5/20/2005 5/20/2005 5/27/2005

Deposit Deposit Deposit

DEP DEP dep

Deposit Deposit Deposit