

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

Date Started
FEI Number
Articles of Incorporations
Operating By April 30, 2008

FILED
APR 30, 2008 08:00 AM
Secretary of State



DOCUMENT # J95601

1. Entity Name
HERSCHO PROPERTIES, INC.

Principal Place of Business
**2441 STONEVIEW RD
ORLANDO, FL 32806 US**

Mailing Address
**2441 STONEVIEW RD
ORLANDO, FL 32806 US**



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2849896

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HERNDON, A B JR
2441 STONEVIEW RD
ORLANDO, FL 32806**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000934343
05/23/08-80030-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
BROWN, JENNIFER H
333 STONECUTTERS COVE
STOCKBRIDGE, GA 30281**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
HERNDON, A B III
4248 CROWDER RD
FRANKLIN, TN 37064**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
STUART, JEFFREY
1 DRENNEN RD
ORLANDO, FL 32806**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
HERNDON, A B JR.
2441 STONEVIEW RD
ORLANDO, FL 32806**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
HERNDON, BETTY
2441 STONEVIEW ROAD
ORLANDO, FL 32806**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08

Date

407 875 3400

Daytime Phone #