

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAY 17 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # K52114
1. Entity Name
RAYMOND HERRING CONSTRUCTION CO., INC.

Principal Place of Business P.O. BOX 18646 PANAMA CITY BEACH, FL 32417 US	Mailing Address P.O. BOX 18646 PANAMA CITY BEACH, FL 32417 US
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03112003 Chg-P CR2E034 (10/03)

MRS

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2920624	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HERRING, RAYMOND
250 POINSETTA DRIVE
PANAMA CITY, FL 32413**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

100037343491

05/26/04--01050--019 **550.00

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P HERRING, RAYMOND	<input type="checkbox"/>
NAME	P.O. BOX 18646	
STREET ADDRESS	PANAMA CITY BEACH, FL 32417	
CITY-ST-ZIP		
TITLE	V HERRING, FRANCES	<input type="checkbox"/>
NAME	P.O. BOX 18646	
STREET ADDRESS	PANAMA CITY BEACH, FL 32417	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
NAME	STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
NAME	STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
NAME	STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
NAME	STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Raymond Herring* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____