

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K52114

1. Entity Name
RAYMOND HERRING CONSTRUCTION CO., INC.



FILED

04 MAY 17 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



03112003 Chg-P CR2E034 (10/03)

MRD

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2920624

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERRING, RAYMOND
250 POINSETTA DRIVE
PANAMA CITY, FL 32413

Name

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

100037343431

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

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
HERRING, RAYMOND
P.O. BOX 18646
PANAMA CITY BEACH, FL 32417 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
HERRING, FRANCES
P.O. BOX 18646
PANAMA CITY BEACH, FL 32417 ☐ Delete

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☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #