

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90035 027 ***150.00

DOCUMENT # L05354

1. Entity Name

STEVEN HERMAN, P.A.



Principal Place of Business

38537 FIFTH AVE.
ZEPHYRHILLS FL 33540
US

Mailing Address

P.O. BOX 2064
DADE CITY FL 33526-2064
US

50034874



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

38053 LIVE OAK AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DADE CITY, FLORIDA

City & State

City & State

4. FEI Number

59-2960774

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

33523

Country

UNITED STATES

Zip

Zip

Country

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERMAN, STEVEN
38537 FIFTH AVE.
ZEPHYRHILLS FL 33540

Name

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

38053 LIVE OAK AVENUE

City

DADE CITY

FL

Zip Code

33523

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 DP ☐ Delete
NAME HERMAN, STEVEN
STREET ADDRESS 38537 FIFTH AVE.
CITY-ST-ZIP ZEPHYRHILLS FL

TITLE DP ☒ Change ☐ Addition
NAME STEVEN HERMAN
STREET ADDRESS P.O. BOX 2064
CITY-ST-ZIP DADE CITY, FL 33526-2064

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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:

Steven Herman

STEVEN HERMAN MARCH 30, 2005 (352) 521-4388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #