

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M74075

Entity Name: DEHERBERT'S INC.

FILED  
Mar 03, 2009  
Secretary of State

**Current Principal Place of Business:**

DONALD ANDERSON  
550 HARRISON AVE.  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**New Mailing Address:**

DONALD ANDERSON  
3910 ARBOR TRACE DRIVE, APT C  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

DONALD ANDERSON  
550 HARRISON AVE.  
PANAMA CITY, FL 32401

FEI Number: 65-0041152

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANDERSON, SHARON  
550 HARRISON AVENUE  
PANAMA CITY, FL 32401 US

**Name and Address of New Registered Agent:**

ANDERSON, SHARON  
3910 ARBOR TRACE DRIVE, APT C  
LYNN HAVEN, FL 32444 US

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.

SIGNATURE: SHARON ANDERSON

03/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ANDERSON, DONALD,  
Address: 550 HARRISON AVE.  
City-St-Zip: PANAMA CITY, FL

Title: D ( ) Delete  
Name: ANDERSON, SHARON,  
Address: 550 HARRISON AVE.  
City-St-Zip: PANAMA CITY, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ANDERSON, DONALD,  
Address: 3910 ARBOR TRACE DRIVE, APT C  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D (X) Change ( ) Addition  
Name: ANDERSON, SHARON,  
Address: 3910 ARBOR TRACE DRIVE, APT C  
City-St-Zip: LYNN HAVEN, FL 32404

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D ANDERSON

D

03/03/2009

Electronic Signature of Signing Officer or Director

Date