

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90028 037 ***150.00

DOCUMENT # P00000028909

1. Entity Name
HERD & ASSOCIATES, INC.



Principal Place of Business
**4951 ELSWORTH WAY
WEST PALM BEACH, FL 33417**

Mailing Address
**4951 ELSWORTH WAY
WEST PALM BEACH, FL 33417**

94025964



2. Principal Place of Business
5681 Bentgrass Drive
Suite, Apt. #, etc.
Apt # 208

3. Mailing Address
5681 Bentgrass Drive
Suite, Apt. #, etc.
Apt. #208

02172004 Chg-P CR2E034 (10/03)

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number
65-0993946

Zip
34235

Country
USA

Zip
34235

Country
USA

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

6. Name and Address of Current Registered Agent
**HERD, CARLOS D
4951 ELSWORTH WAY
WEST PALM BEACH, FL 33417**

7. Name and Address of New Registered Agent
Name
Carlos D. Herd
Street Address (P.O. Box Number is Not Acceptable)
5681 Bentgrass Drive, #208
City
Sarasota **FL** Zip Code
34235

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 *Carlos D. Herd*, **Carlos D. Herd, President** **3/2/04**
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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERD, CARLOS D 4951 ELSWORTH WAY WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ASVESTAS, DAVID 28070 SMITHSON VALLEY ROAD SAN ANTONIO, TX 78261	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERD, REGINA L 4951 ELSWORTH WAY WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Carlos D. Herd* **3/2/04** **941-400-7741**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #