## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jan 14, 2008 08:00 AM **Secretary of State** DOCUMENT # P00000059568 1. Entity Name RONALD J. HERNDEN, P.A. Principal Place of Business Mailing Address 4702 26TH ST W 4702 26TH ST W BRADENTON, FL 34207 BRADENTON, FL 34207 01112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1021012 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERNDEN, RONALD J DO NOT WRITE 4702 26TH ST W BRADENTON, FL 34207 IN THIS SPACE 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: typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. THILE NAME HERNDEN, RONALD J STREET ADDRESS 4702 26TH ST:W 01/16/08-80021-004 150.00 CITY-ST-ZIP BRADENTON, FL 34207 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-S1-7(P TITLE IN THIS SPACE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CHY-ST-7IP NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE A

STREET ADDRESS CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTO

Daytima Phona #

**FILED**