


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000074706</b> 1. Entity Name <b>HERNACKI ENGINEERING AND CONSTRUCTION SERVICES INCORPORATED</b>	
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Principal Place of Business <b>717 BUTTONWOOD ROAD NORTH PALM BEACH, FL 33408</b>	Mailing Address <b>717 BUTTONWOOD ROAD NORTH PALM BEACH, FL 33408</b>
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**DO NOT WRITE IN THIS SPACE**



02272004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1049108</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>DONLON, ROBERT M 4440 PGA BOULEVARD SUITE 307 PALM BEACH GARDENS, FL 33410</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000073482 03/02/04-80038-006 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HERNACKI, LISA 717 BUTTONWOOD ROAD NORTH PALM BEACH, FL 33408</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HERNACKI, T R 717 BUTTONWOOD ROAD NORTH PALM BEACH, FL 33408</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
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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:  **T.R. HERNACKI PE** **561-841-0039**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **FEB 27 2004** Date Daytime Phone #