

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90038 029 ***150.00

DOCUMENT # P00000074706						
1. Entity Name HERNACKI ENGINEERING AND CONSTRUCTION SERVICES INCORPORATED						
Principal Place of Business 717 BUTTONWOOD ROAD NORTH PALM BEACH, FL 33408			Mailing Address 717 BUTTONWOOD ROAD NORTH PALM BEACH, FL 33408			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 65-1049108		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
DONLON, ROBERT M 4440 PCA BOULEVARD SUITE 307 PALM BEACH GARDENS, FL 33410			Name Street Address (P.O. Box Number is Not Acceptable) 4400 PCA BLVD, SUITE 900 City FL Zip Code			
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)						
Signature, typed or printed name of registered agent and title if applicable.						
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees						
FILE NOW!!! - FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HERNACKI, LISA 717 BUTTONWOOD ROAD NORTH PALM BEACH, FL 33408		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HERNACKI, T R 717 BUTTONWOOD ROAD NORTH PALM BEACH, FL 33408		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		<input type="checkbox"/> Delete	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 <i>Lisa Hernacki</i> LISA Hernacki <i>1/18/05</i> 561 625-4513						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						