




FILED
Feb 22, 2007 8:00 am
Secretary of State

02-05-2007 90111 026 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000074706		
1. Entity Name HERNACKI ENGINEERING AND CONSTRUCTION SERVICES INCORPORATED		
Principal Place of Business 2515 CONROY DR NORTH PALM BEACH, FL 33403		Mailing Address 2515 CONROY DR NORTH PALM BEACH, FL 33403
DO NOT WRITE IN THIS SPACE		
		 01142007 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-1049108
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DONLON, ROBERT M 4400 PGA BOULEVARD SUITE 900 PALM BEACH GARDENS, FL 33410		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HERNACKI, LISA VP 717 BUTTONWOOD ROAD NORTH PALM BEACH, FL 33408	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HERNACKI, T R P 717 BUTTONWOOD ROAD NORTH PALM BEACH, FL 33408	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  15 FEB 07 561-841-0034		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		