

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90025 037 ***150.00

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01132008 Chg-P CR2E034 (12/06)

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		
2. Principal Place of Business - No P.O. Box # 2312 Idlewild Rd Suite, Apt. #, etc.		3. Mailing Address 2312 Idlewild Rd Suite, Apt. #, etc.			
City & State Palm Beach Gardens, FL Zip 33410		City & State Palm Beach Gardens, FL Zip 33410		4. FEI Number 65-1049108	
Country USA		Country USA		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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNACKI, LISA VP 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 P 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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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: <u><i>Lisa M. Hernacki</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2/29/08</u> <u>561-776-0868</u> <small>Date Daytime Phone #</small>		