2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000002307

Entity Name: LORD & HERTER, INC.

City-St-Zip:

MOUNT DORA, FL 32757

FILED Jan 10, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1111 NORTH NEW HAMPSHIRE AVE 18950 US HWY 441 TAVARES, FL 32778 SUITE 125 MOUNT DORA, FL 32757 **Current Mailing Address: New Mailing Address:** 18950 US HWY 441 SUITE 125 MOUNT DORA, FL 32757 FEI Number: 65-1067629 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HERTER, THOMAS R 18950 US HWY 441 MOUNT DORA, FL 32757 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition HERTER, THOMAS R Name: Name: 18950 US HWY 441 SUITE 125 Address: Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: VD Title: VP/D Title: () Delete (X) Change () Addition Name: HERTER, JEANETTE Name: HERTER JEANETTE 18950 US HWY 441 SUITE 441 18950 US HWY 441 SUITE 125 Address: Address: MOUNT DORA, FL 32757 MOUNT DORA, FL 32757 City-St-Zip: City-St-Zip: Title: (X) Change () Addition () Delete Title: TISI SOMERS, GEORGE HERTER, JOSHUA M Name: Name: 18950 US HWY 441 SUITE 125 18950 US HWY 441 SUITE 125 Address Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: MOUNT DORA, FL 32757 Title: TD (X) Delete Title: () Change () Addition HERTER, JOSHUA M Name: Name: Address: 18950 US HWY 441 SUITE 125 Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: Title: (X) Delete Title: SD () Change () Addition MCELVOY, RONALD Name: Name: 18950 US HWY 441 SUITE 125 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: THOMAS R HERTER P 01/10/2007