


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90039 014 \*\*\*150.00

DOCUMENT # P01000028053			
1. Entity Name THE HERB CORNER, INC.			
Principal Place of Business 808 E. STRAWBRIDGE AVE. MELBOURNE, FL 32901		Mailing Address 808 E. STRAWBRIDGE AVE. MELBOURNE, FL 32901	
2. Principal Place of Business - No P.O. Box # 277 N. Babcock St.		3. Mailing Address 277 N. Babcock St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Melbourne FL		City & State Melbourne FL	
4. FEI Number 59-3704042		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 AVITABLE, CECELIA M 3180 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952		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 _____			
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2007 Fee will be \$550.00</b></p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AVITABLE, CECELIA M 3180 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952 <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>Cecilia Avitabile</u>		Date: <u>2-5-07</u> Daytime Phone #: <u>321-757-7522</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			