

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000028053

Entity Name: THE HERB CORNER, INC.

FILED  
Jan 08, 2008  
Secretary of State

**Current Principal Place of Business:**

277 N. BABCOCK ST.  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

277 N. BABCOCK ST.  
MELBOURNE, FL 32935

**New Mailing Address:**

FEI Number: 59-3704042

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AVITABLE, CECELIA M  
3180 S. TROPICAL TRAIL  
MERRITT ISLAND, FL 32952 US

**Name and Address of New Registered Agent:**

AVITABLE, CECELIA M  
3180 S. TROPICAL TRAIL  
MERRITT ISLAND, FL 32952 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: CECELIA M AVITABLE

01/08/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: AVITABLE, CECELIA M  
Address: 3180 S. TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: AVITABLE, CECELIA M  
Address: 3180 S. TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: CECELIA M AVITABLE

P

01/08/2008

Electronic Signature of Signing Officer or Director

Date