

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000064415

Entity Name: ACERTX, INC.

FILED  
Jan 06, 2004  
Secretary of State

**Current Principal Place of Business:**

107 HILLCREST CT.  
STUART, FL 34996

**New Principal Place of Business:**

**Current Mailing Address:**

107 HILLCREST CT.  
STUART, FL 34996

**New Mailing Address:**

FEI Number: 65-1117871

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HERRMANN, GERALD F  
107 HILLCREST CT.  
STUART, FL 34996

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

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:**

Title: D ( ) Delete  
Name: HERMANN, GERALD F  
Address: 107 HILLCREST CT.  
City-St-Zip: STUART, FL 34996

Title: PVST ( ) Delete  
Name: HERMANN, GERALD F  
Address: 107 HILLCREST CT.  
City-St-Zip: STUART, FL 34996

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GERALD F. HERRMANN

PRES

01/06/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date