

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90044 048 \*\*\*150.00

40007430



01152007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P02000066836</b>			
1. Entity Name HERDT CONSULTING, INC.			
Principal Place of Business 10330 FOGGY BOTTOM ROAD PENSACOLA, FL 32507		Mailing Address 10330 FOGGY BOTTOM ROAD PENSACOLA, FL 32507	
2. Principal Place of Business - No P.O. Box # 261 Normandy Lane		3. Mailing Address 261 Normandy Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Chelsea Alabama		City & State Chelsea Alabama	
Zip 35043	Country US	Zip 35043	Country US
4. FEI Number 04-3694474		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  HERDT, JAMES L 10330 FOGGY BOTTOM ROAD PENSACOLA, FL 32507		7. Name and Address of New Registered Agent: Name Brian W. Hoffman Street Address (P.O. Box Number is Not Acceptable) 226 S. Palafox Place, 9th Floor Seville Tower City Pensacola FL Zip Code 32502	
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) Signature, typed or printed name of registered agent and title if applicable DATE 1/29/2007			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		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	MR. HERDT, JAMES L PRES. 10330 FOGGY BOTTOM ROAD PENSACOLA, FL 32507 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. Herd, James L. Pres. 261 Normandy Lane Chelsea, AL 35043 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. THOMAS, HEFTY B SR. V.P. 3809 WHITLEY ABBEY CT. VIRGINIA BEACH, VA 23456 <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	MR. IRVIN, CLIFTON W V.P. 5146 GARDENBROOK BLVD. MILTON, FL 32570 <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	MR. PETER, THIELEN S V.P. 51 TIMBERLINE DR. HAMPTON, VA 23666 <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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  James L. Herdt President		24 Jan 07 850-206-5604 Date Daytime Phone #	