

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

DOCUMENT # P02000067163

1. Entity Name

HER HONOR, INC.



02-06-2006 90158 001 ***150.00
02-06-2006 90158 002 *****8.75

Principal Place of Business

8477 BAY COLONY DR
PH-16
NAPLES FL 34108

Mailing Address

8477 BAY COLONY DR
PH-16
NAPLES FL 34108



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-3879472

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

SHEINDLIN, GERALD ESQ.
8171 BAY COLONY DRIVE
801
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name GERALD SHEINDLIN ESQ.
Street Address (P.O. Box Number is Not Acceptable) 8477 BAY COLONY DRIVE
PH-16
City NAPLES FL 34108

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

Signature, typed or printed name of registered agent and title if applicable

GERALD SHEINDLIN

(NOTE: Registered Agent signature required when reinstating)

1/25/06

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME SHEINDLIN, JUDITH
STREET ADDRESS 8171 BAY COLONY DRIVE - 801
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME JUDITH SHEINDLIN
STREET ADDRESS 8477 BAY COLONY DRIVE - PH-16
CITY-ST-ZIP NAPLES, FL. 34108

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Judith Sheindlin JUDITH SHEINDLIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/06 259.2549335

Date Daytime Phone #