


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000025023</b> 1. Entity Name <b>HERBRON, INC.</b>	
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Principal Place of Business <b>922 BICHARA BOULEVARD THE VILLAGE, FL 32159</b>	Mailing Address <b>922 BICHARA BOULEVARD THE VILLAGE, FL 32159</b>
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01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>54-2098772</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>WILSON, HERBERT M JR 922 BICHARA BOULEVARD THE VILLAGE, FL 32159</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**NO**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, HERBERT M JR 17921 SE 115TH COURT SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARGAST, RONALD J 17936 SE 115TH COURT SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARGAST, JACQUIE 17936 SE 115TH COURT SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, CAROLE S 17921 SE 115 CT SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/27/05-80047-004 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Herbert M Wilson 01-19-05 352-208-8336  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #