


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90015 019 ***158.75

DOCUMENT # P03000025023	
1. Entity Name HERBRON, INC.	

Principal Place of Business 922 BICHARA BOULEVARD THE VILLAGE, FL 32159	Mailing Address 922 BICHARA BOULEVARD THE VILLAGE, FL 32159
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DO NOT WRITE IN THIS SPACE



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2098772	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILSON, HERBERT M JR 922 BICHARA BOULEVARD THE VILLAGE, FL 32159

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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 <i>Herbert M Wilson</i>	DATE <i>01-30-06</i>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P / T 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 <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S / VP ARGAST, JACQUIE 17936 SE 115TH COURT SUMMERFIELD, FL 34491 <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T / VP WILSON, CAROLE S 17921 SE 115 CT SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.	
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SIGNATURE: <i>Herbert M Wilson</i>	DATE: <i>01-30-06</i>	DAYTIME PHONE: <i>352-753-8884</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		