


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # P03000025023 1. Entity Name HERBRON, INC. |  |
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| 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



02212007 No Chg-P CR2E034 (11/05)

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

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

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 Herbert M. Wilson Jr 02-23-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | TVP WILSON, CAROLE S 17921 SE 115 CT SUMMERFIELD, FL 34491 |
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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: Herbert M. Wilson Jr HERBERT M. WILSON, JR 02/23/07 352-347-1536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #