
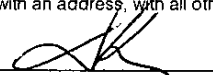


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90051 050 ***150.00

DOCUMENT # P03000026437					
1. Entity Name HERSON, INC.					
Principal Place of Business 14701 CROYDON PLACE TAMPA FL 33618			Mailing Address 14701 CROYDON PLACE TAMPA FL 33618		
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 NO-T APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERSON, DAVID M 14701 CROYDON PLACE TAMPA FL 33618			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P <input type="checkbox"/> Delete	NAME HERSON, DAVID M		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS 14701 CROYDON PLACE	CITY-ST-ZIP TAMPA FL 33618		STREET ADDRESS	CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DAVID HERSON 1/24/2005 (813) 964-0576					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					