

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91282 024 ***158.75

DOCUMENT # P03000083141

1. Entity Name

RUTH HERMAN & ASSOCIATES, INC.



Principal Place of Business

1500 BRIDGEWOOD DR, STE 1511
BOCA RATON FL 33433

Mailing Address

1500 BRIDGEWOOD DR, STE 1511
BOCA RATON FL 33433

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1511 BRIDGEWOOD DRIVE

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

Country

Zip

33434

Country

USA

4. FEI Number

20-0182585

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERMAN, RUTH
1500 BRIDGEWOOD DR, STE 1511
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name HERMAN, RUTH E.

Street Address (P.O. Box Number is Not Acceptable)
1511 BRIDGEWOOD DRIVE

City BOCA RATON

FL

Zip Code

33434

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

Ruth E. Herman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 DP ☐ Delete
NAME HERMAN, RUTH
STREET ADDRESS 1500 BRIDGEWOOD DR, STE 1511
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS 1511 BRIDGEWOOD DRIVE
CITY-ST-ZIP

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 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:

Ruth E. Herman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04 561 482-3041

Date

Daytime Phone #