


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90686 019 ***150.00

DOCUMENT # P03000097660					
1. Entity Name R. A. HERNDON, INC.					
Principal Place of Business POST OFFICE BOX 292813 TAMPA, FL 33687			Mailing Address POST OFFICE BOX 292813 TAMPA, FL 33687		
2. Principal Place of Business 7122 E. FOWLER AVE			3. Mailing Address P.O. BOX 260502		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State TAMPA, FL			City & State TAMPA, FL		
Zip 33617		Country USA		4. FEI Number 20-0297472	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HERNDON, RANDY A 11005 N. 50TH STREET TAMPA, FL 33617				7. Name and Address of New Registered Agent Name JOHN V. TORTORELLO Street Address (P.O. Box Number is Not Acceptable) 4822 BONITA VISTA DR. City TAMPA FL Zip Code 33634	
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 <u><i>John V. Tortorello</i></u> RA. DATE <u>4/13/04</u> <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, 2004 Fee will be \$550.00			9. Election Campaign Financing. Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNDON, RANDY A POST OFFICE BOX 292813 TAMPA, FL 33687 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNDON, RANDY A 7122 E. FOWLER AVE TAMPA, FL 33617 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TORTORELLO, JOHN V 4822 BONITA VISTA DR. TAMPA, FL 33634 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>John V. Tortorello</i></u> VP			Date <u>4/13/04</u> Daytime Phone # <u>813-886-6992</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					