2007 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT

DOCUMENT # P03000098356

Principal Place of Business

6621 WILLOW PARK DR.

NAPLES, FL 34109

SUITE 4

HERRINGTON HOMES REALTY, INC.

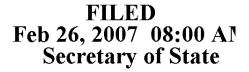


Mailing Address

6621 WILLOW PARK DR.

SUITE 4

NAPLES, FL 34109





02162007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1202855

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CIOCE, ROSEANN P 6621 WILLOW PARK DR. SUITE 4

DO NOT WRITE

| NAPLES, FL 34109 | | | IN THIS SPACE | | |
|---|---|---|---------------|--------------------------------|--|
| 8. The above the obligat | named entity submits this statement for the p tions of registered agent. | urpose of changing its registered | office or i | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and accept |
| SIGNATURE. | Signature typed or printed name of registered agent and title in | spolicable (NOTE: Registered / | gent signatur | a required when reinstating) | DATE TO STATE OF STAT |
| FIÉ After Ma | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Election Campaign Financ Trust Fund Contribution. | ing 🗀 | \$5.00 May Be Added to Fees | |
| 10 | ! OFFICERS AND DIRECTORS | | | | |
| NAME STREET ADDRESS CITY-\$1-ZIP | D CIOCE, ROSEANN P 6621 WILLOW PARK DR. STE 4 NAPLES, FL 34109 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | U00000647261 03/06/07-80065-009 158.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| TITLE NAME Street Address City-St-Zip | | | | IN . | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY ^O ST-ZIP | | | | | |
| NAME ADDRESS | N. 1.027.15 | 31 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | . | T. J. Williams | ر میں بند در اور اور اور اور اور اور اور اور اور او |

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I turther 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 tosted empowered to execute the 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:

CITY-S1-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-592-9398

Daytime Phone #