


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90352 040 ***150.00

DOCUMENT # P03000129453			
1. Entity Name HERRON'S, INC.			
Principal Place of Business 159 SPICEWOOD CIRCLE MIDDLEBURG FL 32068		Mailing Address 159 SPICEWOOD CIRCLE MIDDLEBURG FL 32068	
2. Principal Place of Business 580 WILLIAM PENN ST. Suite, Apt. #, etc. N/A		3. Mailing Address 580 WILLIAM PENN ST. Suite, Apt. #, etc. N/A	
City & State ORANGE PARK, FL		City & State ORANGE PARK, FL	
Zip 32073	Country U.S.A.	Zip 32073	Country U.S.A.
6. Name and Address of Current Registered Agent BLOOMER, GEORGE M III 4429 CR 218 WEST MIDDLEBURG FL 32068		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 <u>George M. Bloomer III</u> DATE <u>2-2-05</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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	PD HERRON, DEANN B 159 SPICEWOOD CIRCLE MIDDLEBURG FL 32068 <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	VD HERRON, CARL L 159 SPICEWOOD CIRCLE MIDDLEBURG FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: DeAnn Herron / DeAnn Herron 2-16-05 904-699-7234