

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90015 026 ***150.00

DOCUMENT # P03000142207

1. Entity Name

W HERMS PAINTING INC



Principal Place of Business

3473 NW 44TH ST
102
FT LAUDERDALE FL 33309

Mailing Address

3473 NW 44TH ST
102
FT LAUDERDALE FL 33309

54069425

2. Principal Place of Business

2562 S.E. PETIT LN.

3. Mailing Address

2562 S.E. PETIT LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E034 (4/04)

City & State

PORT ST. LUCIE

City & State

PORT ST LUCIE

4. FEI Number

200428764

Applied For

Not Applicable

Zip

34952

Country

PORT ST. LUCIE

Zip

34952

Country

PORT ST LUCIE

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELLIZZI-CONSULTING INC
711 NW 39 STREET
OAKLAND PARK FL 33309

7. Name and Address of New Registered Agent

Name WAYNE HERMS-W. HERMS PAINTING

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

2562 S.E. PETIT LN.

City PORT ST LUCIE

FL

Zip Code

34952

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

Wayne Herms Wayne Herms AUG 19, 04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004

Make Check Payable to Florida Department of State

§ 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HERMS, WAYNE D	
STREET ADDRESS	3473 NW 44 STREET 102	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMS WAYNE D	
STREET ADDRESS	2562 S.E. PETIT LN	
CITY-ST-ZIP	PORT ST. LUCIE FL. 34952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

Wayne D. Herms

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUG 14, 04 772 337-5166

Date

Daytime Phone #