


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90447 041 ***150.00

DOCUMENT # P03000143368					
1. Entity Name PATRICK J HEBERT JR. INC.					
Principal Place of Business 1016 DOUGLAS AVE. ALTAMONTE SPRINGS, FL 32714 US			Mailing Address 1016 DOUGLAS AVE. ALTAMONTE SPRINGS, FL 32714 US		
2. Principal Place of Business <i>25 Michaels Ct</i>		3. Mailing Address <i>25 Michaels Ct.</i>			
Suite, Apt. #, etc. <i>apt. 201</i>		Suite, Apt. #, etc. <i>apt. 201</i>			
City & State <i>Winter Springs FL</i>		City & State <i>Winter Springs FL</i>			
Zip <i>32708</i>		Zip <i>32708</i>			
Country <i>Seminole</i>		Country <i>Seminole</i>			
6. Name and Address of Current Registered Agent HEBERT, PATRICK J JR. 1016 DOUGLAS AVE. ALTAMONTE SPRINGS, FL 32714			7. Name and Address of New Registered Agent Name <i>Patrick J. Hebert Jr. INC.</i> Street Address (P.O. Box Number is Not Acceptable) <i>25 Michaels Ct. Apt. 201</i> City <i>Winter Springs</i> FL Zip Code <i>32708</i>		
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 <i>Pat Hebert Jr.</i> DATE <i>4-25-05</i> <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			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 HEBERT, PATRICK J JR. 1016 DOUGLAS AVE. ALTAMONTE SPRINGS, FL 32714 <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: <i>Pat Hebert Jr.</i>			Date <i>4-25-05</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		