

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000144923**

1. Entity Name  
HERRERA SOD, INC.



Principal Place of Business  
5730 FORT HAMER RD  
PARRISH, FL 34219

Mailing Address  
P.O. BOX 39  
PARRISH, FL 34219



01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
86-1090894

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HERRERA, ERNESTO  
5730 FORT HAMER RD  
PARRISH, FL 34219

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME HERRERA, ERNESTO  
STREET ADDRESS 5730 FORT HAMER RD  
CITY-ST-ZIP PARRISH, FL 34219

TITLE SPD  
NAME HERRERA, LYDIA G  
STREET ADDRESS P O BOX 39  
CITY-ST-ZIP PARRISH, FL 34219

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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000000388713  
01/20/06-80017-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Lydia G. Herrera Lydia G. Herrerez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-06

Date

94-776-1615

Daytime Phone #