2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000020540

1. Entity Name
HEROLD HOME SERVICES, INC.

Principal Place of Business	Mailing Address
18401 SWAN LAKE DRIVE	18401 SWAN LAKE DRIVE
LUTZ, FL 33549	LUTZ, FL 33549

DO NOT WRITE IN THIS SPACE

03022006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
05-0596573	Not Applicable

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

6. Name and Address of Current Registered Agent

HEROLD, JOHNATHAN
18401 SWAN LAKE DRIVE
LUTZ, FL 33549

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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	P	
NAME	HEROLD, JOHNATHAN	
STREET ADDRESS	18401 SWAN LAKE DRIVE	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	V	
NAME	HEROLD, JESSICA	
STREET ADDRESS	18401 SWAN LAKE DRIVE	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE		
NAME		
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03/20/06-80052-007 150.00

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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: _John Herold_ John Herold   3/6/06   8139092426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #