


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90032 028 ***150.00

DOCUMENT # P04000045259	
1. Entity Name HERZOG SOUTHERN, INC.	

Principal Place of Business 1100 PARK CENTRAL BLVD SOUTH STE 1400 POMPAHO BCH, FL 33064	Mailing Address PO BOX 1089 ST JOSEPH, MO 64502
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01312008 Chg-P CR2E034 (12/06)

4. FEI Number 86-1099846	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> Delete
NAME	HERZOG, STANLEY M
STREET ADDRESS	600 S RIVERSIDE RD
CITY-ST-ZIP	ST JOSEPH, MO 64502
TITLE	V <input type="checkbox"/> Delete
NAME	LANDES, ALAN L
STREET ADDRESS	600 S RIVERSIDE RD
CITY-ST-ZIP	ST JOSEPH, MO 64502
TITLE	S <input type="checkbox"/> Delete
NAME	HERZOG, WILLIAM R
STREET ADDRESS	600 S RIVERSIDE RD
CITY-ST-ZIP	ST JOSEPH, MO 64502
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	POZZEMILLER, RANDY L
STREET ADDRESS	600 S RIVERSIDE RD
CITY-ST-ZIP	ST JOSEPH, MO 64502
TITLE	V <input type="checkbox"/> Delete
NAME	CRAWFORD, ROBERT
STREET ADDRESS	600 S RIVERSIDE RD
CITY-ST-ZIP	ST JOSEPH, MO 64502
TITLE	S <input type="checkbox"/> Delete
NAME	SCHIEBER, PHILLIP E
STREET ADDRESS	600 S RIVERSIDE RD
CITY-ST-ZIP	ST JOSEPH, MO 64502

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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 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:  **Phillip E. Schieber** 3/26/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #