

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90094 041 \*\*\*150.00

DOCUMENT # P04000093546

1. Entity Name

ANTHONY E. HERNDON, INC.



Principal Place of Business

8239 WINDHAM LANE  
HOBE SOUND FL 33455

Mailing Address

8239 WINDHAM LANE  
HOBE SOUND FL 33455



2. Principal Place of Business - No P.O. Box #

8239 WINDHAM LANE

3. Mailing Address

8239 WINDHAM LANE

Suite, Apt. #, etc.

HOBE SOUND

Suite, Apt. #, etc.

8239 WINDHAM LANE

City & State

FL

City & State

HOBE SOUND FL

Zip

33455

Country

FLORIDA

Zip

33455

Country

FLORIDA

1st MOORE

CR2E034 (10/06)

4. FEI Number 55-0877207

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HERNDON, ANTHONY E  
8239 WINDHAM LANE  
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

Name

Same

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

*Anthony E. Herndon*

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME HERNDON, ANTHONY E ☐ Delete  
STREET ADDRESS 8239 WINDHAM LANE  
CITY- ST- ZIP HOBE SOUND FL 33455

TITLE S  
NAME DRAZNIN, JAY R S ☐ Delete  
STREET ADDRESS 2740 S.W. MARTIN DOWNS BLVD., #294  
CITY- ST- ZIP PALM CITY FL 34990

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ 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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-07 5616703571

Date

Daytime Phone #