

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90053 008 ***150.00

DOCUMENT # P04000131605 1. Entity Name HERSCHEL STREET PARTNERS, INC.					
Principal Place of Business 11 EAST FORSYTH STREET #906 JACKSONVILLE, FL 32202			Mailing Address 11 EAST FORSYTH STREET #906 JACKSONVILLE, FL 32202		
2. Principal Place of Business 2761 White Oak Lane		3. Mailing Address 2761 White Oak Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 32-0128951	
Zip 32207		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOOL, STEPHEN J JR. 11 EAST FORSYTH STREET #906 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Tool, Stephen J Jr. Street Address (P.O. Box Number is Not Acceptable) 2761 White Oak Lane City Jacksonville FL Zip Code 32207			
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 <u><i>Stephen J. Tool, Jr.</i></u> Stephen J. Tool, Jr. 01/18/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 TOOL, STEPHEN J JR. 11 EAST FORSYTH STREET #906 JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Tool, Stephen J Jr. 2761 White Oak Lane Jacksonville, FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEUTHOLD, WILLIAM A 2736 HERSCHEL STREET JACKSONVILLE, FL 32205 <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	D RUSSELL, SHIRLEY A 2761 WHITE OAK LANE JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Russell, Shirley A 840 Mill Stream Road Ponte Vedra Beach, FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALTERS, WALLACE B 1826 MONTGOMERY PLACE JACKSONVILLE, FL 32205 <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	
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 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: <u><i>Stephen J. Tool, Jr.</i></u> Stephen J. Tool, Jr. 01/18/2006 904/699-4295 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					