


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90393 017 ***150.00

DOCUMENT # P04000137358		
1. Entity Name SHAE A. HERT, INC.		

Principal Place of Business 916 NW 4TH ST. OKEECHOBEE, FL 34972 US	Mailing Address P.O. BOX 2753 OKEECHOBEE, FL 34973 US
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40075360



2. Principal Place of Business 300 SE 8th Ave. Suite, Apt. #, etc.	3. Mailing Address 203 SE 2nd Ave. Suite, Apt. #, etc.
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04282006 Chg-P CR2E034 (11/05)

City & State Okeechobee, FL	City & State Okeechobee, FL	4. FEI Number 20-1705462	Applied For Not Applicable
Zip 34974	Country US	Zip 34974	Country US

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

6. Name and Address of Current Registered Agent HERT, SHAE A 916 NW 4TH ST. OKEECHOBEE, FL 34972		7. Name and Address of New Registered Agent Name Laura Sims Street Address (P.O. Box Number is Not Acceptable) 223 S. Parrott Ave City Okeechobee FL Zip Code 34974	
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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 Laura Sims LAURA SIMS 4-27-06
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HERT, SHAE A 916 NW 4TH ST. OKEECHOBEE, FL 34972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Hert, Shae A 300 SE 8th Ave Okeechobee, FL 34974 <input checked="" 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
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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: Shae A. Hert President 4-27-06 772-708-3637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #