

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90020 014 ***158.75

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|---|--|---|--|--|--|
| DOCUMENT # P04000141806 1. Entity Name BRUCE HERING HOMES INC. | | | | | |
| Principal Place of Business 300 WARFIELD AVE SUITE #1 #2 VENICE, FL 34285 US | | | Mailing Address 9096 BENSONHURST LANE ENGLEWOOD, FL 34224 US | | |
| 2. Principal Place of Business - No P.O. Box # 4801 BRICKELL DR. | | 3. Mailing Address 4801 BRICKELL DR. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State NORTH PORT FL | | City & State NORTH PORT, FL | | 4. FEI Number 20-1738673 | |
| Zip 34286 | | Country FLORIDA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HERING, BRUCE D 9096 BENSONHURST LANE ENGLEWOOD, FL 34224 | | 7. Name and Address of New Registered Agent Name JOHN P. 1220 Street Address (P.O. Box Number is Not Acceptable) 4801 BRICKELL DRIVE City NORTH PORT FL Zip 34286 | | | |
| 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 DATE 1/28/08 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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 | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HERING, BRUCE D 9096 BENSONHURST LANE ENGLEWOOD, FL 34224 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | HERING, BRUCE 4801 BRICKELL DRIVE NORTH PORT, FL 34286 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURY GAIL HERING 4801 BRICKELL DRIVE NORTH PORT, FL 34286 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| 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"/> Change <input type="checkbox"/> Addition | | | |
| 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"/> 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 the empowered. | | | | | |
| SIGNATURE: | | 1-30-08 941-485-2112 | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | | | |