


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90032 005 ***150.00

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| DOCUMENT # P04000166665 |  |
| 1. Entity Name MICHAEL HERSCHBERGER PA | |

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|---|---|
| Principal Place of Business 3564 CLARK ROAD SARASOTA, FL 34231 US | Mailing Address POST OFFICE BOX 1503 NOKOMIS, FL 34274 US |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

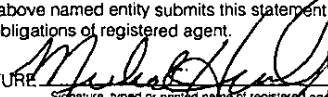


01232006 Chg-P CR2E034 (11/05)

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|---|--|--|
| 4. FEI Number 20-2026199 | | Applied For <input type="checkbox"/> Not Applicable |
| 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 HERSCHBERGER, MICHAEL 2600 E LAUREL ROAD NOKOMIS, FL 34275 | | 7. Name and Address of New Registered Agent Name Herschberger, Michael Street Address (P.O. Box Number is Not Acceptable) 5230 CEDAR HAMMOCK PLACE City SARASOTA FL Zip Code 34232 | |
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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.

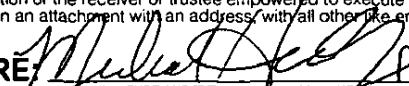
SIGNATURE  **Michael Herschberger, President** DATE **01/23/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| 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 HERSCHBERGER, MICHAEL 2600 E LAUREL ROAD NOKOMIS, FL 34275 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HERSCHBERGER, MICHAEL 5230 CEDAR HAMMOCK PLACE SARASOTA FL 34232 <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  **Michael Herschberger, President** DATE **1/23/06** DAYTIME PHONE # **941 468-7117**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR