

2006 FOR PROFIT CORPORATION ANNUAL REPORT


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Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90005 039 ***150.00

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01112008 Chg-P CR2E034 (11/05)

DOCUMENT # P05000023369			
1. Entity Name CAROL HERDOCK, P.A.			
Principal Place of Business 25 JEWFISH AVE KEY LARGO, FL 33037		Mailing Address 25 JEWFISH AVE KEY LARGO, FL 33037	
2. Principal Place of Business 103355 Overseas Hwy		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Key Largo, FL		City & State	
Zip 33037		Country USA	
4. FEI Number 65-0907571		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CATARINEAU, JOE A ESQ. 91760 OVERSEAS HIGHWAY TAVERNIER, FL 33070		7. Name and Address of New Registered Agent Name 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 _____ (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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HERDOCK, CAROL 25 JEWFISH AVE KEY LARGO, FL 33037 <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
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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 807, 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: Carol Herdock P.A.		Date: 1/30/06 305 451-3377	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	