

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000012027

FILED
Jan 20, 2009
Secretary of State

Entity Name: HERMAN ELLIS, INC.

Current Principal Place of Business:

1720 SHADY LEAF DRIVE
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

1720 SHADY LEAF DRIVE
VALRICO, FL 33594

New Mailing Address:

FEI Number: 59-3833878 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SYLVIA GOLDEN NORRIS, PA
1670 STICKNEY POINT ROAD
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: GOLDEN, JACK
Address: 1720 SHADY LEAF DRIVE
City-St-Zip: VALRICO, FL 33594

Title: VP () Delete
Name: ELLIS, HERMAN
Address: 4232 CARDINEL WAY
City-St-Zip: ST. PETERSBURG, FL 33712

Title: S () Delete
Name: ELLIS, NIDIA
Address: 4232 CARDINEL WAY
City-St-Zip: VALRICO, FL 33712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK L GOLDEN

DPT

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date