

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAY -2 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000117494

1. Entity Name
J. HERRING'S DELIVERY SERVICE INC



Principal Place of Business
3080 GOVERNORS CT DR
TALLAHASSEE, FL 32301

Mailing Address
3080 GOVERNORS CT DR
TALLAHASSEE, FL 32301



05022007 No Chg-P CR2E034 (11/05) 07

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3192023

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERRING, VALERIE
3080 GOVERNORS CT DR
TALLAHASSEE, FL 32301

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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

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
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME HERRING, JONATHAN
STREET ADDRESS 3080 GOVERNORS CT DR
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE S
NAME HERRING, VALERIE
STREET ADDRESS 3080 GOVERNORS CT DR
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Valerie Herring - Valerie Herring 5/2/07 850-508-6741