

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000084516

Entity Name: HERBS AND MORE, INC.

FILED
Apr 26, 2011
Secretary of State

Current Principal Place of Business:

1850 LEE ROAD
SUITE 240
ORLANDO, FL 32789

New Principal Place of Business:

Current Mailing Address:

5021 MAUI CIRCLE
ORLANDO, FL 32808

New Mailing Address:

2014 EDGEWATER DRIVE #244
ORLANDO, FL 32804

FEI Number: 27-3709865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRANTE, KATHRYN
5021 MAUI CIRCLE
ORLANDO, FL 32808 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

OFFICERS AND DIRECTORS:

Title: P
Name: FERRANTE, KATHRYN
Address: 5021 MAUI CIRCLE
City-St-Zip: ORLANDO, FL 32808

Title: VP
Name: MYERS, CINDY
Address: 417 MEADOWBROOK LANE
City-St-Zip: FERN PARK, FL 32730

Title: S
Name: FERRANTE, KATHRYN
Address: 5021 MAUI CIRCLE
City-St-Zip: ORLANDO, FL 32808

Title: T
Name: FERRANTE, KATHRYN
Address: 5021 MAUI CIRCLE
City-St-Zip: ORLANDO, FL 32808

Title: D
Name: MYERS, DUANE
Address: 310 WEST HIGHLAND STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby 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 all other like empowered.

SIGNATURE: KATHRYN FERRANTE

P

04/26/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date