

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000008952

1. Entity Name
K. HERRON CONSTRUCTION COMPANY



Principal Place of Business
11450 SW 17TH STREET
DAVIE, FL 33325

Mailing Address
11450 SW 17TH STREET
DAVIE, FL 33325

FILED
Jul 06, 2004 08:00 AM
Secretary of State



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0428047

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HERRON, KENNETH II
1700 SW 115TH AVE.
DAVIE, FL 33325

**DO NOT WRITE
IN THIS SPACE**

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 8, 2004

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
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
HERRON, KENNETH II
1700 SW 115 AVENUE
DAVIE, FL 33325

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
HART, KELLIE S
1851 SW 115 AVENUE
DAVIE, FL 33325

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
HERRON, CLAY
11450 SW 17 STREET
DAVIE, FL 33325

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000163127
07/06/04-80001-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Kellie Hart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-04 954-472-681,
Date Daytime Phone #