2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# P93000065501

Entity Name: HERDMAN & SAKELLARIDES, P.A.

Current Principal Place of Business:

2595 TAMPA ROAD
SUITE J
PALM HARBOR, FL 34684 US

New Principal Place of Business:

29605 U.S. HWY 19 NORTH
SUITE 110
CLEARWATER, FL 33761 US

Current Mailing Address:

2595 TAMPA ROAD
SUITE J
PALM HARBOR, FL 34684 US

New Mailing Address:

29605 U.S. HWY 19 NORTH
SUITE 110
CLEARWATER, FL 33761 US

FEI Number: 59-3197567 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAKELLARIDES, JOHN M
2595 TAMPA ROAD
SUITE J
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

SAKELLARIDES, JOHN M
29605 U.S. HWY 19 NORTH
SUITE 110
CLEARWATER, FL 33761 US

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: JOHN M. SAKELLARIDES 01/03/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: HERDMAN, MARK S
Address: 2595 TAMPA ROAD, SUITE J
City-St-Zip: PALM HARBOR, FL 34684

Title: VSD ( ) Delete
Name: SAKELLARIDES, JOHN M
Address: 2595 TAMPA ROAD, SUITE J
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: HERDMAN, MARK S
Address: 29605 U.S. HWY 19 NORTH, SUITE 110
City-St-Zip: CLEARWATER, FL 33761

Title: VSD (X) Change ( ) Addition
Name: SAKELLARIDES, JOHN M
Address: 29605 U.S. HWY 19 NORTH, SUITE 110
City-St-Zip: CLEARWATER, FL 33761

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN M. SAKELLARIDES VSD 01/03/2007
Electronic Signature of Signing Officer or Director Date