2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000021403

1. Entity Name
W. TIMOTHY HERRING, P.A.

Principal Place of Business	Mailing Address
410 NORTH HALIFAX AVE SUITE C DAYTONA BEACH, FL 32118 US	5931 RIVERSIDE DR HARBOR OAKS, FL 32127 US

DO NOT WRITE IN THIS SPACE

01112008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3227862	Not Applicable

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

6. Name and Address of Current Registered Agent

HERRING, W. T.
5931 RIVERSIDE DR
HARBOR OAKS, FL 32127

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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
After May 1, 2008 Fee will be $550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	HERRING, W T
STREET ADDRESS	5931 RIVERSIDE DRIVE
CITY-ST-ZIP	HARBOR OAKS, FL 32127

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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01/17/08-80037-017 150.00

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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: _W. Timothy Herring President_   W. Timothy Herring   12-31-07   786-257-0855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #