



2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90017 026 ***150.00

DOCUMENT # P94000072246																													
1. Entity Name CLINT HERRICK, INC.																													
Principal Place of Business RT. 2, BOX 394 HIGH SPRINGS, FL 32643-9739			Mailing Address RT. 2, BOX 394 HIGH SPRINGS, FL 32643-9739																										
2. Principal Place of Business 631 S.E. Diamondback Glen Suite, Apt. #, etc.		3. Mailing Address 631 Diamondback Glen Suite, Apt. #, etc.																											
City & State High Springs, Fl.		City & State High Springs, Fl.		4. FEI Number 59-3266269																									
Zip 32643		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent HERRICK, CLINTON R RT. 2, BOX 394 HIGH SPRINGS, FL 32643-9739			7. Name and Address of New Registered Agent Name Herrick, Clinton R. Street Address (P.O. Box Number is Not Acceptable) 631 S.E. Diamondback Glen City High Springs FL Zip Code 32643																										
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: <i>Clinton Herrick</i> Clinton R. Herrick 1-9-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Owner																									
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																										
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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: <i>Clinton Herrick</i> Clinton R. Herrick, Owner 1-9-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													