2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State
07-14-2005 90081 046 ***158.75
08-08-2005 90137 001 *****8.75
08-08-2005 90137 002 ***391.25

DOCUMENT # P94000090129

1. Entity Name
HERRING CONSTRUCTION OF TAMPA, INC.

Principal Place of Business	Mailing Address
17923 SPENCER RD ODESSA, FL 33556 US	17923 SPENCER RD ODESSA, FL 33556 US

07092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3280769
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HERRING, DAVID C SR
17923 SPENCER RD
ODESSA, FL 33556

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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: David C. Herring SR 7-11-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HERRING, DAVID C SR
STREET ADDRESS	17923 SPENCER RD
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	V
NAME	ROBERTS, MARK A
STREET ADDRESS	18216 KEYSTONE GROVE BLVD
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	ST
NAME	KAPP, TERRY L
STREET ADDRESS	12709 HOLYOKE AVE
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	T
NAME	KAPP, TERRY L
STREET ADDRESS	12709 HOLYOKE AVENUE
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: David C. Herring SR.
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #