

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90203 024 ***150.00

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DOCUMENT # P95000002936 1. Entity Name HERMAN ENTERPRISES, INC. OF SOUTH FLORIDA					
Principal Place of Business 11101 ROOSEVELT BLVD. SAINT PETERSBURG, FL 33716 US			Mailing Address 11101 ROOSEVELT BLVD. TAX DEPARTMENT SAINT PETERSBURG, FL 33716 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0544682	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	TD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHACAD, LAURENS F JR.		NAME	AS WOOD, JEFF T.	
STREET ADDRESS	11101 ROOSEVELT BLVD.		STREET ADDRESS	11101 ROOSEVELT BLVD.	
CITY-ST-ZIP	ST PETERSBURG, FL 33716		CITY-ST-ZIP	ST. PETERSBURG, FL 33716	
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOSTER, JEFFREY H		NAME		
STREET ADDRESS	11101 ROOSEVELT BLVD.		STREET ADDRESS		
CITY-ST-ZIP	ST. PERTERSBURG, FL 33716		CITY-ST-ZIP		
TITLE	-VD <input type="checkbox"/> Delete		TITLE	4/1/05 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLFINGER, F. MARK		NAME		
STREET ADDRESS	11101 ROOSEVELT BLVD.		STREET ADDRESS		
CITY-ST-ZIP	ST. PERTERSBURG, FL 33716		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAVIS, TODD L		NAME		
STREET ADDRESS	11101 ROOSEVELT BLVD.		STREET ADDRESS		
CITY-ST-ZIP	ST. PERTERSBURG, FL 33716		CITY-ST-ZIP		
TITLE	VSD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NELSEN, KEITH J		NAME		
STREET ADDRESS	11101 ROOSEVELT BLVD.		STREET ADDRESS		
CITY-ST-ZIP	ST. PERTERSBURG, FL 33716		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOOD, SANJAY		NAME		
STREET ADDRESS	11101 ROOSEVELT BLVD.		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP		
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			JEFF T. WOOD, ASSIST. SECRETARY 4/19/05 727.622.6727		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		