

ANNUAL REPORT

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

01-24-2005 90028 012 ***100.50
 02-28-2005 90183 005 ****49.50

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DOCUMENT # P95000003944			
1. Entity Name LAUREL & HERBERT INC.			
Principal Place of Business 16822 E POINT DR SUGARLOAF KEY, FL 33042		Mailing Address 16822 E POINT DR SUGARLOAF KEY, FL 33042	
2. Principal Place of Business 16822 E. Point Dr		3. Mailing Address 16822 E. Point Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SUGARLOAF KEY, FL 33042		City & State SUGARLOAF KEY, FL 33042	
Zip	Country	Zip	Country
4. FEI Number 25-1564803		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERBERT, MARY ALICE 16822 EAST POINT DRIVE SUGARLOAF KEY, FL 33042		7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS HERBERT, MARY A 16822 EAST POINT DRIVE SUGARLOAF SHORES, FL 33042	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT HERBERT, RICHARD G 16822 EAST POINT DRIVE SUGARLOAF SHORES, FL 33042	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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: <u>Mary Alice Herbert</u>		1-20-2005 305.945-3506	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	