2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT **FILED** Feb 01, 2007 08:00 AM **DOCUMENT # P95000010818** 1. Entity Name **Secretary of State** HERR CONTRACTING COMPANY, INC. Mailing Address Principal Place of Business 2350 26TH ST N 2350 26TH ST N SAINT PETERSBURG, FL 33713 US SAINT PETERSBURG, FL 33713 No Chg-P CR2E034 (11/05) 01262007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3320822 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BIERHOFF, KATHE B DO NOT WRITE 2823 7TH ST N ST PETERSBURG, FL 33704 IN THIS SPACE 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME BIERHOFF, KATHE B U00000614844 STREET ADDRESS 2823 7TH STREET, N. 02/06/07-80048-011 150.00 CITY-ST-ZIP ST. PETESBURG, FL 33704 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

1-29-07

727-327-3366

Daytime Phone #