2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P95000039118 FILED 1. Entity Name 05 JAN 10 AH 11: 27 HERCULES MANAGEMENT COMPANY, INC. SECRETARY OF STATE TALLAHASSET, FLORIDA Principal Place of Business Mailing Address 702 MAITLAND AVE ALTAMONTE SPRINGS:FL 32701 P.O. BOX 150069 ALTAMONTE SPRINGS FL 32715 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3312994 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DICKERSON, MICHAEL W Street Address (P.O. Box Number is Not Acceptable) 702 MAITLAND AVE **ALTAMONTE SPRINGS FL 32701** City Zio 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. DIOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May:1-2004 Fee will be \$550.00 Make Check Payable to Florida Department of State \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Delete Change Addition DICKERSON, WAYNE NAME NAME STREET ADDRESS 702 MAITLAND AVE STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE Delate Change TITLE ☐ Addition MALE MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE · 🔲 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 12. Thereby 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 path; 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:

9/20/2004-90004-045-\$150.00-\$150.00

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January 3, 2005

Florida Division of Corporations Annual Report Section P.O. Box 6850 Tallahassee, FL 32314

Dear Sir or Madam:

Hercules Management Company, Inc. EIN: 59-3312994

On behalf of the above-named corporation we are responding to your notice dated September 21, 2004 (copy attached) concerning the 2004 Annual Report/Uniform Business Report. The notice indicates that you are unable to file the report due to nonpayment of the \$400 late. Based on the following information, we respectfully request abatement of this penalty.

Pursuant to Florida statute 607.193(1)(b), a corporation is eligible for waiver of the \$400 late filing penalty if notice of the annual report being due by May 1 was not received. Please accept this letter as the company's statement that notice of this deadline was not received. We have attached a copy of the annual report and ask that the report be accepted for filing. As the corporation received extensive damage as a result of the hurricane season, we also ask that you grant relief to the company for late response to this notice, and reinstate the corporation with no additional penalties.

If you have any questions or need additional information, please do not hesitate to call us at (407) 644-5811. Thank you for your assistance.

Sincerely,

W. Ed Moss, Jr., CPA

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cc: Wayne Dickerson