

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90018 046 ***150.00

DOCUMENT # P97000017489

1. Entity Name
HERBERT C LONG, INC



Principal Place of Business
**2531 LANDMARK DRIVE
SUITE 205
CLEARWATER, FL 33761**

Mailing Address
**2531 LANDMARK DRIVE
SUITE 205
CLEARWATER, FL 33761**

00001033



2. Principal Place of Business
11350 - 66th St. No

3. Mailing Address
11350 - 66th St. No

Suite, Apt. #, etc.
104

Suite, Apt. #, etc.
104

01052005 Chg-P CR2E034 (10/03)

City & State
LARGO, FL

City & State
LARGO, FL

4. FEI Number
59-3430137

Applied For
Not Applicable

Zip Country
33773 PINELLAS

Zip Country
33773 PINELLAS

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LONG, HERBERT C
6447 26TH AVENUE NORTH
SAINT PETERSBURG, FL 33709**

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 reinstating)

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

TITLE PD ☐ Delete
NAME HERBERT C LONG
STREET ADDRESS 6447-26 AVENUE N
CITY-ST-ZIP ST PETERSBURG, FL 33709

TITLE SD ☐ Delete
NAME SHIRLEY C LONG
STREET ADDRESS 6447-26 AVE N
CITY-ST-ZIP ST PETERSBURG, FL 33709

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

HERBERT C LONG

RESIDENT

1/5/04

727-796-K504