


FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000021188 1. Entity Name HERSTON ENGINEERING SERVICES, INC.				Jan 14, 2005 08:00 A Secretary of State	
Principal Place of Business 992 TAMiami TRAIL UNIT I PORT CHARLOTTE, FL 33953		Mailing Address 992 TAMiami TRAIL UNIT I PORT CHARLOTTE, FL 33953			
DO NOT WRITE IN THIS SPACE				(P97000021188P)	
				01112005 No Chg-P CR2E034 (10/03)	
				4. FEI Number 65-0736369 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVID, HOLMES FARR, FARR, EMERICH, ET AL 99 NESBIT STREET PUNTA GORDA, FL 33950				DO NOT WRITE 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 _____ (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				DO NOT WRITE IN THIS SPACE 000000180624 01/14/05-80013-006 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HERSTON, JAMES W 133 CREEK DRIVE S.E PORT CHARLOTTE, FL 33952				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-11-2005		941-629-2777	