

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90010 002 ***150.00

DOCUMENT # P97000051078

1. Entity Name

HERRICK ASSOCIATES, PROFESSIONAL ASSOCIATION



Principal Place of Business

283 CORDOVA RD
WEST PALM BEACH FL 33401

Mailing Address

283 CORDOVA ROAD
WEST PALM BEACH FL 33401

54054749



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0765864

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERRICK, MARY K
283 CORDOVA ROAD
WEST PALM BEACH FL 33401

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HERRICK, MARY K
STREET ADDRESS 283 CORDOVA ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-04

Attachment

HERRICK ASSOCIATES
Consultants in Leadership Development and Organizational Change

P97000051076
54054749

5-16-04

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

Dear Sir/Madam:

I just received the enclosed For Profit Corporation Annual Report. As you can see by the envelope this was sent out on 4/23/04 and dated 4/24/04 as post marked. It was received by return mail on 5.15.04. I am resending my application and check. It is my understanding that if the post mark is prior to May 1st then the late fee are waived. I deeply regret that you did not received the check prior to May 1st. I appreciate your understanding and acceptance of this application and check. This unfortunate delay occurred without my knowledge until yesterday. If you have any questions or I can assist in this process, please call me at 561-776-0444.

Thanking you in advance for your consideration and assistance in this most important matter.

Sincerely,
Mary Kay Herrick
President