

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90041 001 ***150.00

DOCUMENT # P98000034397

1. Entity Name
DOUG HERRICK CONSTRUCTION COMPANY



Principal Place of Business
**1312 E. CERVANTES ST.
PENSACOLA, FL 32501 US**

Mailing Address
**1312 E. CERVANTES ST.
PENSACOLA, FL 32501 US**

40110101



05152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3516135

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HERRICK, DOUGLAS ALAN
~~1910 EAST MALLORY STREET~~ **2015 E LAKEVIEW AVE.**
PENSACOLA, FL 32503

**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

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **HERRICK, DOUGLAS ALAN**
STREET ADDRESS ~~1910 EAST MALLORY STREET~~ **2015 E LAKEVIEW AVE.**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE **S**
NAME **HERRICK, SHARON**
STREET ADDRESS ~~1910 E. MALLORY ST.~~ **2015 E LAKEVIEW AVE**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE **VP**
NAME **DEFRUSCIO, CHRIS**
STREET ADDRESS ~~6111 ENTERPRISE DRIVE APT 004~~ **18 CAMBRIDGE AV.**
CITY-ST-ZIP **PENSACOLA, FL 32505 32534**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DOUGLAS A. HERRICK

4/27/07 (850) 477-7486