

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000061210

FILED
Apr 19, 2005
Secretary of State

Entity Name: HERNDON FAMILY INVESTMENT, INC.

Current Principal Place of Business:

17001 HERNDON LN
PORT SAINT LUCIE, FL 34987

New Principal Place of Business:

17007 HERNDON LN
PORT SAINT LUCIE, FL 34987

Current Mailing Address:

P.O BOX 12561
FORT PIERCE, FL 34979

New Mailing Address:

17007 HERNDON LN
PORT SAINT LUCIE, FL 34987

FEI Number: 65-0856897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOCK, SAMUEL A
2127 TENTH AVENUE
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HERNDON, JOANN
Address: 17001 HERNADON LN
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: DV () Delete
Name: HERNDON, JAMES F III
Address: 409 E EASY ST
City-St-Zip: FORT PIERCE, FL 34982

Title: DV () Delete
Name: HERNDON, JOSEPH E
Address: 17001 HERNDON LN
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: DTS () Delete
Name: HERNDON, JENNILYNN
Address: 17001 HRNDON LN
City-St-Zip: PORT SAINT LUCIE, FL 34987

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HERNDON, JOANN
Address: 17007 HERNDON LN
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DTS (X) Change () Addition
Name: HERNDON, JENNILYNN
Address: 17007 HRNDON LN
City-St-Zip: PORT SAINT LUCIE, FL 34987

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNILYNN HERNDON

DTS

04/19/2005

Electronic Signature of Signing Officer or Director

_____ Date