2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000061210

Entity Name: HERNDON FAMILY INVESTMENT, INC.

FILED May 01, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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17007 HERNDON LN

PORT SAINT LUCIE, FL 34987

Current Mailing Address: 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: Name and Address of New Registered Agent:

BLOCK, SAMUEL A HERNDON-WRIGHT, JOANN 2127 TÉNTH AVENUE 17007 HERNDON LANE

VERO BEACH, FL 32960 PORT SAINT LUCIE, FL 34987 US US

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: JOANN HERNDON-WRIGHT 05/01/2007

> Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV Title: () Delete () Change () Addition

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

() Delete Title: Title: () Change () Addition

HERNDON, JOSEPH E Name: Name: 17001 HERNDON LN Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34987 City-St-Zip:

Title: DTS () Delete Title: DTS (X) Change () Addition

HERNDON, JENNILYNN SMITH, JENNILYNN Name: Name: Address: 17007 HRNDON LN Address: 2361 BRIDGETTE WAY

City-St-Zip: City-St-Zip: PORT SAINT LUCIE, FL 34987 GREEN COVE SPRINGS, FL 32043

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 K. SMITH DTS 05/01/2007