

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000061210

FILED
Mar 31, 2009
Secretary of State

Entity Name: HERNDON FAMILY INVESTMENT, INC.

Current Principal Place of Business:

17007 HERNDON LANE
PORT SAINT LUCIE, FL 34987

New Principal Place of Business:

Current Mailing Address:

2361 BRIDGETTE WAY
FLEMING ISLAND, FL 32003

New Mailing Address:

FEI Number: 65-0856897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNDON-WRIGHT, JOANN
17007 HERNDON LANE
PORT SAINT LUCIE, FL 34987 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-WRIGHT, JOANN
Address: 17007 HERNDON 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: SMITH, JENNILYNN K
Address: 2361 BRIDGETTE WAY
City-St-Zip: FLEMING ISLAND, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

03/31/2009

Electronic Signature of Signing Officer or Director

_____ Date