

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90486 050 \*\*\*150.00

**DOCUMENT # P99000108306**

1. Entity Name  
**HERRMANN ELECTRICIANS, INC.**



Principal Place of Business  
**38882 US HWY 19 N.  
TARPON SPRINGS, FL 34689**

Mailing Address  
**38882 US HWY 19 N.  
TARPON SPRINGS, FL 34689**

**50018051**



2. Principal Place of Business  
**38850 US HWY 19 N.**  
Suite, Apt. #, etc.

3. Mailing Address  
**38850 US HWY 19 N.**  
Suite, Apt. #, etc.

04262006 Chg-P CR2E034 (11/05)

City & State  
**Tarpon Springs, FL**  
Zip **34689** Country **USA**

City & State  
**Tarpon Springs, FL**  
Zip **34689** Country **USA**

4. FEI Number  
**59-3613185**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**HERRMANN, UWE  
38882 US HWY 19 N.  
TARPON SPRINGS, FL 34689**

7. Name and Address of New Registered Agent

Name **Herrmann, Uwe**  
Street Address (P.O. Box Number is Not Acceptable)

**38850 US HWY 19 N.**  
City **Tarpon Springs** **FL** Zip Code **34689**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P HERRMANN, UWE 1800 WOOD HAVEN STREET TARPON SPRINGS, FL 34689</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP HERRMANN, FRANK 1800 WOOD HAVEN ST. TARPON SPRINGS, FL 34689</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P Herrmann, Uwe 4001 Carlyle Lakes Blvd. Palm Harbor, FL 34685</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP Herrmann, Frank 4001 Carlyle Lakes Blvd. Palm Harbor, FL 34685</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**Uwe Herrmann**

**04/25/06**

Date

**727-944-4245**

Daytime Phone #