

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

7/1

**FILED**  
**Aug 01, 2005 8:00 am**  
**Secretary of State**

07-08-2005 90027 026 \*\*\*550.00

**DOCUMENT # S45204**

1. Entity Name  
**HERME ENTERPRISES, INC.**



Principal Place of Business  
**633 KEY DEER COURT  
APOPKA, FL 32703**

Mailing Address  
**633 KEY DEER COURT  
APOPKA, FL 32703 US**

**DO NOT WRITE IN THIS SPACE**



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3063477**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FLAQUER, ROMEO  
633 KEY DEER COURT  
APOPKA, FL 32703**

**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 \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                      |
|----------------|----------------------|
| TITLE          | T                    |
| NAME           | FLAQUER, HERMINIA    |
| STREET ADDRESS | 633 KEY DEER COURT   |
| CITY-STATE-ZIP | APOPKA, FL 32703     |
| TITLE          | PD                   |
| NAME           | FLAQUER, ROMEO       |
| STREET ADDRESS | 633 KEY DEER CT      |
| CITY-STATE-ZIP | APOPKA, FL           |
| TITLE          | VP                   |
| NAME           | MONTAS, JOSE ALFREDO |
| STREET ADDRESS | 633 KEY DEER CT      |
| CITY-STATE-ZIP | APOPKA, FL 32703     |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-STATE-ZIP |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-STATE-ZIP |                      |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/05

Date

407-889-9710

Daytime Phone #