

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V14471

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: HERBEAU CREATIONS OF AMERICA, INC.

**Current Principal Place of Business:**

3600 WESTVIEW DR  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

3600 WESTVIEW DR  
NAPLES, FL 34104

**New Mailing Address:**

FEI Number: 65-0323694      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NAPLES-LAWDOCK, INC.  
1395 PANTHER LANE  
STE 300  
NAPLES, FL 34109 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: DST ( ) Delete  
Name: BARON, HOLGER  
Address: 3600 WESTVIEW DR  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: HERBEAU, MAURICE  
Address: 3600 WESTVIEW DR  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: BEYER, ROBERT  
Address: 3600 WESTVIEW DR  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: BARON, PETER  
Address: 3600 WESTVIEW DR  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: VARLET, PHILIPPE  
Address: 3600 WESTVIEW DRIVE  
City-St-Zip: NAPLES, FL 34104

**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:

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: PETER BARON

VP

04/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date