

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90117 003 *2,698.75
03-29-2005 90117 004 ***476.25

DOCUMENT # V38416

1. Entity Name
SPHS, INC.



Principal Place of Business
2295 CORPORATE BLVD NW
SUITE 222
BOCA RATON, FL 33431

Mailing Address
2295 CORPORATE BLVD NW
SUITE 222
BOCA RATON, FL 33431

66007887



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0334476

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HERRICK, NORTON
2295 CORPORATE BLVD NW
SUITE 222
BOCA RATON, FL 33431

**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 \$150.00
After May 1, 2005 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
VST
HERRICK, NORTON
2295 CORPORATE BLVD, NW
BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PASD
HERRICK, HOWARD
2 RIDGEDALE AVE STE 370
CEDAR KNOLLS, NJ 07927

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VASD
HERRICK, MICHAEL
2 RIDGEDALE AVE STE L370
CEDAR KNOLLS, NJ 07927

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HERRICK, EVAN
2 RIDGEDALE AVE STE 370
CEDAR KNOLLS, NJ 07927

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
KERMALLI, NISAR
2 RIDGEDALE AVE SUITE 370
CEDAR KNOLLS, NJ 07927

TITLE
NAME
STREET ADDRESS
CITY-ST-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:

N. A. Herrick - Controller **3/22/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #