

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V52847

FILED  
Mar 16, 2004  
Secretary of State

Entity Name: HERBS OF LIGHT, INC.

**Current Principal Place of Business:**

P.O. BOX 1648  
HIGH SPRINGS, FL 32655

**New Principal Place of Business:**

29323 NW CR 241  
ALACHUA, FL 32615

**Current Mailing Address:**

P.O. BOX 1648  
HIGH SPRINGS, FL 32655

**New Mailing Address:**

FEI Number: 59-3135311

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARTENS, DEAN W.  
29315 NW COUNTY RD 241  
ALACHUA, FL 32615 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: P ( ) Delete  
Name: MARTENS, DEAN W.,  
Address: 29315 NW CR #241  
City-St-Zip: ALACHUA, FL 32615

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DEAN W. MARTENS

P

03/16/2004

Electronic Signature of Signing Officer or Director

Date