

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 25, 2004 08:00 AM
Secretary of State**

DOCUMENT # J04490

1. Entity Name
M.D. STANDLEY PROCESS SERVICES, INC.



Principal Place of Business

**5742 W. HALLANDALE BCH BV HOLLYWOOD, FL.
P.O. BOX 8123 (PEMBROKE PINES, FL.
HOLLYWOOD, FL 33023**

Mailing Address

**5742 W. HALLANDALE BCH BV HOLLYWOOD, FL.
P.O. BOX 8123 (PEMBROKE PINES, FL.
HOLLYWOOD, FL 33023**



02102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2645728

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STANDLEY, MICHELLE L.
5634 S.W. 114 AVENUE
COOPER CITY, FL 33330**

**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 *Michelle L. Standley*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering.)

DATE

2/20/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000065579
02/25/04-80044-003 158.75

10. OFFICERS AND DIRECTORS

TITLE D
NAME STANDLEY, MICHELLE L
STREET ADDRESS 5634 SW 114 AVE
CITY-ST-ZIP COOPER CITY, FL 33330

TITLE PD
NAME STANDLEY, MICHELLE L
STREET ADDRESS 5634 SW 114TH AVE
CITY-ST-ZIP COOPER CITY, FL 33330

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Michelle L. Standley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/04 *954-325-1200*
Date Daytime Phone #