

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90054 046 ***150.00

DOCUMENT # P02000058244					
1. Entity Name HENRY'S LANDSCAPING & LAWN SERVICES, INC.					
Principal Place of Business 5159 NW 48TH AVE POMPANO BEACH, FL 33073			Mailing Address 5159 NW 48TH AVE BUILDING 8 - UNIT 200 POMPANO BEACH, FL 33073		
2. Principal Place of Business		3. Mailing Address 5159 NW 48 AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State COCONUT CREEK FL		City & State COCONUT CREEK FL		4. FEI Number 51-0417461	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JIMENEZ, JUDITH 5159 NW 48TH AVE POMPANO BEACH, FL 33073			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>COCONUT CREEK</u> <u>FL</u> Zip Code		
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)					
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		DATE	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JIMENEZ, JOSE H 5159 NW 48TH AVE COCONUT CREEK, FL 33073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JIMENEZ, JUDITH 5159 NW 48TH AVE POMPANO BEACH, FL 33073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	COCONUT CREEK FL 33073 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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: <i>Judith Jimenez</i>		JUDITH JIMENEZ DIRECTOR		3/5/04 (954) 570-7855	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	