

2004 FOR PROFIT CORPORATION. ANNUAL REPORT

07-27-2004 90033 003 ****55.00
P02000123456

DOCUMENT # P02000123456

1. Entity Name
LYNDEL FARMS, INC.



Principal Place of Business
1141 NW 193 AVE
PEMBROKE PINES, FL 33029

Mailing Address
1141 NW 193 AVE
PEMBROKE PINES, FL 33029

04 OCT 11 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1143682 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

BARRETT-MENA, LYNN M
1141 NW 193 AVE
PEMBROKE PINES, FL 33029

**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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME BARRETT-MENA, LYNN M
STREET ADDRESS 1141 NW 193 AVE
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE V
NAME MENA, EDEL L
STREET ADDRESS 1141 NW 193 AVE
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

900041856269
10/13/04-01051-010 **05-00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

7/24/04

15 2 02

HERMAN MOSKOWITZ, C.P.A., P.A.

CERTIFIED PUBLIC ACCOUNTANTS

3850 HOLLYWOOD BLVD.
SUITE 204
HOLLYWOOD, FL 33021
TEL 954: 983•6500
FAX 954: 983•6155

EMAIL: HERMAN@HMOSEKOWITZCPA.COM

September 13, 2004

Ms. Barbara Mitchell
Document Specialist
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Your letter #504A00051281

RE: Lyndel Farms, Inc.
Document #P02000123456
FEIN# 57-1143682

Gentlemen:

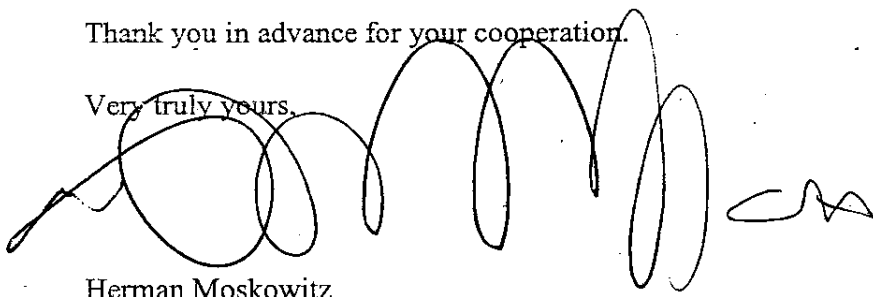
As the CPA firm for the above named corporation we are in receipt of your letters dated July 29, 2004 and August 20, 2004 respectively(enclosures #1 and #2).

Please be advised the taxpayer did not receive the notice from the State regarding the filing of the 2004 Annual Report. When we realized this we advised the taxpayer to submit the form with her payment immediately (enclosure #3).

Under the circumstances we respectfully request that you accept the application and waive the \$400 late filing fee.

Thank you in advance for your cooperation.

Very truly yours,

A large, stylized handwritten signature in black ink, consisting of several loops and a long horizontal stroke, followed by a small mark.

Herman Moskowitz
Certified Public Accountant

cc: Lyndel Farms, Inc.