

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 216160**

1. Entity Name  
**HILL YORK SERVICE CORPORATION**



Principal Place of Business  
**2125 S. ANDREWS AVENUE  
FORT LAUDERDALE, FL 33316**

Mailing Address  
**2125 S. ANDREWS AVENUE  
FORT LAUDERDALE, FL 33316**



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0841945**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KERNEY, MARK  
2125 S. ANDREWS AVENUE  
FORT LAUDERDALE, FL 33316**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000083113  
03/10/04-80026-007 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	T
NAME	BAGLEY, ELDEN M
STREET ADDRESS	2125 S ANDREWS AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	SD
NAME	LAFFERTY, ROBERT S
STREET ADDRESS	1730 SE 11TH STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	P
NAME	KERNEY, MARK
STREET ADDRESS	421 CHESTNUT LANE
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	V
NAME	LAFFERTY, ROBERT W.
STREET ADDRESS	824 S RIO VISTA BLVD.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	VP
NAME	BARDES, ALVIN J
STREET ADDRESS	245 NE 6TH ST.
CITY-ST-ZIP	BOCA RATON, FL 33432
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)(f), 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 my address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Elden M. Bagley* 3/2/04 (954)  
525 4200

Date

Daytime Phone #