

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

#550.00

DOCUMENT # F00000004336

1. Entity Name

HQM OF POMPAÑO, INC.

Abbey Gardens



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT -4 AM 8:00

Principal Place of Business

2401 PGA BOULEVARD, SUITE 155
PALM BEACH GARDENS FL 33410

Mailing Address

2401 PGA BOULEVARD, SUITE 155
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

Su

2979 PGA Blvd.

City Palm Beach Gardens, FL 33410

Su

2979 PGA Blvd.

City Palm Beach Gardens, FL 33410

Zip

Zip



MOORE

CR2E034 (4/04)

MRS

4. FEI Number

65-0421632

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, SANDRA L
2401 PGA BOULEVARD, SUITE #155
PALM BEACH GARDENS FL 33410

Name

Street Address

Sandra Adams

2979 PGA Blvd.

City

Palm Beach Gardens, FL 33410

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)

DATE

8/31/04

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD
NAME FAGO, ELIZABETH ☐ Delete
STREET ADDRESS 2401 PGA BOULEVARD, SUITE 155
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2979 PGA BLVD.
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE V
NAME WALCZAK, PAUL ☐ Delete
STREET ADDRESS 2401 PGA BOULEVARD, SUITE 155
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2979 PGA BLVD.
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE 400041668254 ☐ Change ☐ Addition
NAME 10/07/04--01031--005 ***3350.00
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

PAUL WALCZAK

8/31/04

Daytime Phone #