

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # G13230

1. Entity Name
DAVID HERNANDEZ FINANCIAL SERVICES INC.



Principal Place of Business
**111 BULLARD PARK WAY
STE. 211
TEMPLE TERRACE, FL 33617 US**

Mailing Address
**111 BULLARD PARKWAY
STE. 211
TEMPLE TERRACE, FL 33617 US**



02212005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2237825

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HERNANDEZ, DAVID J.
111 BULLARD PARKWAY
STE. 211
TEMPLE TERRACE, FL 33617**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**1000000277201
03/26/05-80019-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HERNANDEZ, DAVID J
STREET ADDRESS 111 BULLARD PARK WAY #211
CITY-ST-ZIP TAMPA, FL

TITLE S
NAME HERNANDEZ, IRENE
STREET ADDRESS 111 BULLARD PARK WAY #211
CITY-ST-ZIP TAMPA, FL

TITLE SVT
NAME GROENE, CHANTELE
STREET ADDRESS 111 BULLARD PARK WAY #211
CITY-ST-ZIP TAMPA, FL

TITLE V
NAME HERNANDEZ, DAVID K
STREET ADDRESS 111 BULLARD PARK WAY #211
CITY-ST-ZIP TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE: *David Hernandez* **DAVID J. HERNANDEZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**PRES.
2-24-05 813-9892397**