## 2004 FOR PROFIT CORPORATION

## Apr 26, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # H60922** 1. Entity Name H.E.N. REALTY CO. Principal Place of Business Mailing Address 805 S. MAGNOLIA AVE STE D 805 S. MAGNOLIA AVE STE D OCALA, FL 34474 US OCALA, FL 34474 US 04172004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2542768 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DESIMONE, DALE DO NOT WRITE 805 S. MAGNOLIA AVE STELD OCALA, FL 34474 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 ages SIGNATURE. Signature, typed or printed name of registered egent and title if applicable (NOTE Registered Agont signature required v U00000132638 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/27/04-80058-011 150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME MENDLER, JOSEPH STREET ADDRESS 551 OBSERVER HIGHWAY CHY-ST-ZIP HOBOKEN, NJ 07030 7(3) F MENDLER, DENISE-MARIE KAIRE NAME STREET ADDRESS 551 OBSERVER HIGHWAY CITY-ST-ZIP HOBOKEN, NJ 07030 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MANE STREET ADDRESS CRY-ST-ZIP 313LE STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all piler like empowered.

SIGNATURE:

CHY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-ZP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED