

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # J12808

1. Entity Name
HENRY T. COLE SHOWS, INC.



Principal Place of Business
**5000 N OCEAN BLVD
Q208
BRINY BREEZES, FL 33435**

Mailing Address
**5000 N OCEAN BLVD
Q208
BRINY BREEZES, FL 33435**



02062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2665848

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DOMBROSKI, BRENDA W.
1447 W JENNINGS STREET
LANTANA, FL 33462-1128**

**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**

000000046397
02/11/04-80101-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DOMBROSKI, HENRY F.
STREET ADDRESS	5000 N OCEAN BLVD Q208
CITY-ST-ZIP	BRINY BREEZES, FL 33435
TITLE	STD
NAME	DOMBROSKI, MARGARET A.
STREET ADDRESS	5000 N OCEAN BLVD Q208
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	P
NAME	DOMBROSKI, HENRY T
STREET ADDRESS	9490 CROSS CREEK DR
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
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:

Margaret Dombroski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-6-04 501-278-431