


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # J12821
 1. Entity Name
HENRY DOMBROSKI ENTERPRISES, INC.



Principal Place of Business 5000 N OCEAN BLVD Q 208 BRINY BREEZES, FL 33435	Mailing Address 5000 N OCEAN BLVD Q 208 BRINY BREEZES, FL 33435
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DO NOT WRITE IN THIS SPACE



02062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2668883	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOMBROSKY, 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 _____ (NOTE: Registered Agent signature required when (re)stating)
 _____ 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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOMBROSKI, HENRY F 5000 N OCEAN BLVD Q208 BRINY BREEZES, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DOMBROSKI, MARGARET A. 5000 N OCEAN BLVD Q208 BRINY BREEZES, FL 33435
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 02/12/04-80003-021 150.00

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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

2-6-04 904-278-4311

 Date Daytime Phone #