2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90259 011 ***150.00

DOCUMENT # P00000020910

1. Entity Name

HERE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
871 NE DIXIE HWY UNIT # 2 JENSEN BEACH FL 34957	871 NE DIXIE HWY UNIT # 2 JENSEN BEACH FL 34957

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
850 NE POP TILTON PL	850 NE POPTILTON PL.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JENSEN BEACH, FL.	City & State: JENSEN BEACH, FL.
Zip: 34957 Country:	Zip: 34957 Country: (MARTIN)

4. FEI Number 65-0995003 ☐ 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
MUELLER, HORST W 871 NE DIXIE HWY # 2 JENSEN BEACH FL 34957	Name: MUELLER, HORST W. Street Address (P.O. Box Number is Not Acceptable): 4393 NE SKYLINE DR. City: JENSEN BEACH **FL** Zip Code: 34957

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
Make Check Payable to Florida Department of State

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP MUELLER, HORST W 871 NE DIXE HWY # 2 JENSEN BEACH FL 34957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4393 NE SKYLINE DR. JENSEN BEACH, FL. 34957
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MUELLER, ROSWITHA 871 NE DIXIE HWY # 2 JENSEN BEACH FL 34957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4393 NE SKYLINE DR. JENSEN BEACH, FL. 34957
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MUELLER, EIKE 871 NE DIXIE HWY # 2 JENSEN BEACH FL 34957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V + S ☒ Change ☐ Addition 850 NE POP TILTON PL. JENSEN BEACH, FL. 34957
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JEWETT, STEPHEN P 1116 SEA PINES WAY LAKE WORTH FL 33462	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ MUELLER, HORST W. 4-26-04 772-216-4081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #