

FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90002 026 ***150.00

DOCUMENT # P00000111657

1. Entity Name

MENENDEZ ENTERPRISES - LAKE CITY, INC.



Principal Place of Business

**857 SW MAIN BLVD SUITE 100
LAKE CITY FL 32025**

Mailing Address

**5611 SW 35TH WAY
GAINESVILLE FL 32608**

2. Principal Place of Business

3. Mailing Address

508 SW EVERGREEN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE CITY, FL 32025

Zip

Country

Zip

Country

32025

USA

4. FEI Number

65-1071985

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

**WICKMAN & WYCKOFF, P.A.
4909 MANATEE AVENUE WEST
BRADENTON FL 34209**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**P
MENDEZ, RICHARD
5611 SW 35TH WAY
GAINESVILLE FL 32608**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**508 SW EVERGREEN DRIVE
LAKE CITY, FL 32025**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**ST
MENDEZ, KATHLEEN B
5611 SW 35TH WAY
GAINESVILLE FL 32608**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**508 SW EVERGREEN DRIVE
LAKE CITY, FL 32025**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
MENENDEZ, CHRISTINE
5611 SW 35TH WAY
GAINESVILLE FL 32608**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**508 SW EVERGREEN DRIVE
LAKE CITY, FL 32025**

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD MENDEZ 2/9/04

Date

386-754-6860

Daytime Phone #