

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90314 001 ***450.00

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1. Entity Name
HIM WEAR, INC.



Principal Place of Business
C/O ~~DAVID DANNER~~ **BRENT MACKENZIE**
11680 CHITWOOD DR., STE. 2A
FORT MYERS, FL 33908

Mailing Address
BRENT C. MACKENZIE
C/O ~~DAVID DANNER~~
11680 CHITWOOD DR., STE. 2A
FORT MYERS, FL 33908

66013944



04122005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3746454

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MACKENZIE, BRENT C
11555 MARSHWOOD LN. 11680 CHITWOOD DR
STE 102 2A
FT. MYERS, FL 33908

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	<input type="checkbox"/> Delete
	D			
	MACKENZIE, BRENT C			
	11555 MARSHWOOD LN. STE 402	11680 CHITWOOD DR		
	FORT MYERS, FL 33908	STE 102		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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: **B. C. MACKENZIE** 4/25/05 239-267-6006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #