

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 01, 2004 8:00 am**  
**Secretary of State**

09-01-2004 90003 026 \*\*\*558.75

**DOCUMENT # P01000094615**

1. Entity Name  
**DUPERVIL LANDSCAPING SERVICES, INC.**



Principal Place of Business  
**1650 N.W. 7ST AVE  
POMPANO BEACH, FL 33060**

Mailing Address  
**1650 N.W. 7ST AVE  
POMPANO BEACH, FL 33060**

**54071178**

2. Principal Place of Business  
**1650 N.W. 1ST AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**1650 N.W. 1ST AVE**  
Suite, Apt. #, etc.



05072004 Chg-P CR2E034 (10/03)

City & State  
**Pompano Beach FL**

Country  
**Broward**

Zip  
**33060**

4. FEI Number  
**65-1151320**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**ZETRENNE, DUPERVIL  
1650 N.W. 7ST AVE  
POMPANO BEACH, FL 33060**

7. Name and Address of New Registered Agent  
Name  
**Zetrenne, Dupervil**  
Street Address (P.O. Box Number is Not Acceptable)  
**1650 N.W. 1st Ave.**  
**Pompano Beach**  
City  
**FL** Zip Code  
**33060**

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 **Dupervil Zetrenne** DATE **8/28/04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004**

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	<b>D ZETRENNE, DUPERVIL 1650 N.W. 1ST AVE POMPANO BEACH, FL 33060</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: **Dupervil Zetrenne** DATE **8/28/04** (954) 735-2515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR