

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90191 013 ***150.00

DOCUMENT # P02000087485

1. Entity Name
S&H REFRESHMENT SERVICES, INC.



Principal Place of Business
**210 SCHOONER LANE
DUCK KEY, FL 33050**

Mailing Address
**PO BOX 550213
MARATHON, FL 33050**

44045088



04212004 Chg-P CR2E034 (10/03)

4. FEI Number
51-0422746

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WAGNER, SHARON L SECY
210 SCHOONER LANE
DUCK KEY, FL 33050**

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

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **WAGNER, HARRY J**
STREET ADDRESS **210 SCHOONER LANE**
CITY-ST-ZIP **DUCK KEY, FL 33050**

TITLE **VSD** ☐ Delete
NAME **WAGNER, SHARON L**
STREET ADDRESS **210 SCHOONER LANE**
CITY-ST-ZIP **DUCK KEY, FL 33050**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

5/2/04

305-289-7886

Daytime Phone #



Division of Corporations

Annual Report

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Document Number

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Business Entity Name

S&H REFRESHMENT SERVICES, INC.

FEI Number

510422746

FEI Number Status

Applied For

Not Applicable

Current

Certificate of Status Desired

Yes

No

\$8.75 each

Principal Place of Business

Address

210 SCHOONER LANE

Suite, Apt. #, etc.

City, State

DUCK KEY

FL

Zip Code & Country

33050

Mailing Address

Address

PO BOX 550213

Suite, Apt. #, etc.

City, State

MARATHON

FL

Zip Code & Country

33050

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

WAGNER

SHARON L

SECY

-or- RA Business Name

Address

210 SCHOONER LANE

Suite, Apt. #, etc.

City, State

DUCK KEY

FL

Zip Code & Country

33050

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature