

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90021 021 \*\*\*150.00

**DOCUMENT # P03000019601**

1. Entity Name  
**M & R HOME SERVICES, INC.**



Principal Place of Business  
**1631 E. VINE STREET  
SUITE A  
KISSIMMEE FL 34744**

Mailing Address  
**1631 E. VINE STREET  
SUITE A  
KISSIMMEE FL 34744**

2. Principal Place of Business  
**M & R HOME SERVICES, INC**

3. Mailing Address  
**1631 E. VINE STREET**

Suite, Apt. #, etc.  
**SUITE A**

City & State  
**KISSIMMEE, FL**

Zip  
**34744**

Country  
**USA**



MOORE CR2E034 (11/03)

4. FEI Number  
**743081010**

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

6. Name and Address of Current Registered Agent  
**RIVERA, MARISELA  
2473 SHELBY CIRCLE  
KISSIMMEE FL 34743**

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 **MARISELA RIVERA** DATE **2/16/04**

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

**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	PTD RIVERA, MARISELA 2473 SHELBY CIRCLE KISSIMMEE FL 34743 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, RUBEN 2473 SHELBY CIRCLE KISSIMMEE FL 34743 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **MARISELA RIVERA** DATE **2/16/04** (407) 925-9926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR