

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90558 008 ***150.00

DOCUMENT # P03000027994

1. Entity Name
HGN INTERIOR CARPENTRY TRIM, CORP.



Principal Place of Business
**3107 NW 4TH AVE #4
POMPANO BCH, FL 33064**

Mailing Address
**3107 NW 4TH AVE #4
POMPANO BCH, FL 33064**

34063440

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152004

Chg-P

CR2E034 (10/03)

4. FEI Number

48-1303153

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

**SKROK, HEMERSON B
3107 NW 4TH AVE #4
POMPANO BCH, FL 33064**

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

☐ Corporate

☐ Voluntary

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPVT
SKROK, HEMERSON B
3107 NW 4TH AVE #4
POMPANO BCH, FL 33064**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SKROK, HEMERSON B
3107 NW 4TH AVE #4
POMPANO BCH, FL 33064**

☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
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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 which address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/15/04