

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90220 009 ***150.00

DOCUMENT # P03000030566

1. Entity Name
FLORIDA GENERAL HOME SERVICES, INC.



Principal Place of Business
204 GASTON CT
BOYNTON BCH, FL 33436

Mailing Address
204 GASTON CT
BOYNTON BCH, FL 33436

24069742



2. Principal Place of Business
1340 Woodcrest Rd. W
Suite, Apt. #, etc.

3. Mailing Address
1340 Woodcrest Rd. W
Suite, Apt. #, etc.

04302004 Chg-P CR2E034 (10/03)

City & State
West Palm Bch, FL
Zip 33410 Country Palm Bch

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West Palm Bch, FL
Zip 33410 Country Palm Bch

4. FEI Number
81-0603173
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VALVERDE, MICHAEL A
204 GASTON CT
BOYNTON BCH, FL 33436

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1340 Woodcrest Rd. W.
City West Palm Bch FL Zip Code 33417

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, 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P1517
STREET ADDRESS	Valverde, Michael
CITY-ST-ZIP	1340 Woodcrest Rd. West West Palm Bch, FL 33417
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP
STREET ADDRESS	mendez maria
CITY-ST-ZIP	1340 Woodcrest Rd. West West Palm Bch, FL 33417
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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] President 4/30/04 683-1909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #