

2005

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000038218

1. Entity Name

HOUSE MENDERS, INCORPORATED



FILED

05 APR 13 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

814 FOXPOINTE CIRCLE
DELRAY BEACH, FL 33445 US

Mailing Address

814 FOXPOINTE CIRCLE
DELRAY BEACH, FL 33445 US

2. Principal Place of Business

311 SW 35 Avenue

3. Mailing Address

311 SW 35 Avenue



09022004

Chg-P

CR2E034 (10/03)

City & State

Deerfield Beach, FL

City & State

Deerfield Beach, FL

Zip

33442

Country

Broward

Zip

33442

Country

Broward

4. FEI Number

56-2331875

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRAVATA, SALVATOR A
814 FOXPOINTE CIRCLE
DELRAY BEACH, FL 33445

7. Name and Address of New Registered Agent

Name David Jobbitt

Street Address (P.O. Box Number is Not Acceptable)

311 SW 35 Avenue

City Deerfield Beach

FL

Zip Code 33442

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)

3/15/05

DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRAVATA, SALVATOR A	
STREET ADDRESS	814 FOXPOINTE CIRCLE	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRAVATA, PATRICE A	
STREET ADDRESS	814 FOXPOINTE CIRCLE	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
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 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	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID JOBBITT	
STREET ADDRESS	311 SW 35 AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
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		

500050617625
04/13/05-01009-002-44218.15

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

3/15/05

Date

Daytime Phone #