

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

04-19-2004 90306 023 ***150.00

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-04152004 - Chg-P - CR2E034 (10/03)-

DOCUMENT # P03000085197

1. Entity Name
HINSDALE ENTERPRISES INC



Principal Place of Business
**869 BETHANY CT
FORT MYERS, FL 33919 US**

Mailing Address
**869 BETHANY CT
FORT MYERS, FL 33919 US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
20-0128646

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**SOUTHWEST PROFESSIONAL SERVICES OF SO. FL.
43571 MCGREGOR BLVD
PORT MYERS, FL 33919**

7. Name and Address of New Registered Agent
Name
HERITAGE TAX & CONSULTING SERV. INC
Street Address (P.O. Box Number is Not Acceptable)
11220 METRO PKWY #3
City
Fort Myers FL Zip Code
33912

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 *Denis Parsons* **4/18/04**
Signature, typed or printed name of registered agent and fee, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HINSDALE, PAULETTE 869 BETHANY CT FORT MYERS, FL 33919 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 *Paulette Hinsdale* **4/18/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

PAULETTE HINSDALE, PRES **PRES**