

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90043 049 ***150.00

DOCUMENT # P03000131770

1. Entity Name

DRAGONFLY FINANCIAL SERVICES, INC.



Principal Place of Business

**3800 S.W. 142 AVENUE
DAVIE FL 33330
US**

Mailing Address

**3800 S.W. 142 AVENUE
DAVIE FL 33330
US**

2. Principal Place of Business

10086 GRIFFIN RD. ← SAME

3. Mailing Address

← SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COOPER CITY, FL

City & State

COOPER CITY, FL

Zip

33328

Country

US

Zip

33328

Country

US

4. FEI Number

56-2419473

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WEINER, RICHARD M ESQ.
3333 N. UNIVERSITY DRIVE
SUITE A
DAVIE FL 33024**

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

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
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

TITLE ☐ Delete

**P
NAME MITCHELL, DOUGLAS L
STREET ADDRESS 3800 S.W. 142 AVENUE
CITY-ST-ZIP DAVIE FL 33330**

TITLE ☐ Delete

**T
NAME MITCHELL, DOUGLAS L
STREET ADDRESS 3800 S.W. 142 AVENUE
CITY-ST-ZIP DAVIE FL 33330**

TITLE ☐ Delete

**VP
NAME MITCHELL, NORMA G
STREET ADDRESS 3800 S.W. 142 AVENUE
CITY-ST-ZIP DAVIE FL 33330**

TITLE ☐ Delete

**S
NAME MITCHELL, NORMA G
STREET ADDRESS 3800 S.W. 142 AVENUE
CITY-ST-ZIP DAVIE FL 33330**

TITLE ☐ Delete

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Delete

**NAME
STREET ADDRESS
CITY-ST-ZIP**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP**

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/04 954-252-7595