


2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/26/2005-90153-047-\$150.00-\$150.00

DOCUMENT # P04000149562 1. Entity Name MCHENRY & MURRIELLO ESTATE MANAGEMENT SERVICES, INC.					
Principal Place of Business 3023 ROCKVILLE LANE WEST PALM BEACH, FL 33411 552 RAMBLING DR circle Wellington FL 33414		Mailing Address 3023 ROCKVILLE LANE WEST PALM BEACH, FL 33411 552 RAMBLING DR circle Wellington, FL 33414			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent MURRIELLO, SHARI 3023 ROCKVILLE LANE WEST PALM, FL 33411 <i>Shari McHenry 552 Rambling Dr circle Wellington, FL 33414</i>				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: <i>S. McHenry</i> DATE: <i>5/30/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURRIELLO, SHARI		NAME		
STREET ADDRESS	3023 ROCKVILLE LANE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCHENRY, SUE <i>552 Rambling Dr circle</i>		NAME		
STREET ADDRESS	<i>3023 ROCKVILLE LANE</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>Wellington FL 33414</i>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(l), 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: <i>S. McHenry</i>			Date: <i>4/23/05</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

FILED

05 JUN 16 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04052005 Chg-P CR2E034 (10/03)

4. FEI Number **26-0098947** Applied For ☐ Not Applicable ☐

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