

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P27336

1. Entity Name

924 WEXFORD BOULEVARD CORP.



Principal Place of Business

924 WEXFORD BLVD

STE. 924

VENICE, FL 34293 US

Mailing Address

5036 JERICHO TURNPIKE

STE 300

COMMACK, NY 11725 US



02192004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

11-2985942

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATTHEWS, THOMAS J.
924 WEXFORD BOULEVARD
SARASOTA, FL 34230-6948

**DO NOT WRITE
IN THIS SPACE**

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

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVS
NAME MATTHEWS, THOMAS J.
STREET ADDRESS 412 FIELDSTONE DR
CITY- ST- ZIP VENICE, FL

TITLE TD
NAME MATTHEWS, THOMAS J.
STREET ADDRESS 412 FIELDSTONE DR
CITY- ST- ZIP VENICE, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
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STREET ADDRESS
CITY- ST- ZIP

000000079274
03/08/04-80059-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *THOMAS J. MATTHEWS*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/04
Date

941-493-0441
Daytime Phone #