

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/1/

FILED
Sep 17, 2004 8:00 am
Secretary of State

09-01-2004 90007 027 ***150.00

DOCUMENT # P94000088640

1. Entity Name

XAVIER SERVICES, INC.



Principal Place of Business

**4514 DUMONT ST.
NEW PORT RICHEY FL 34653**

Mailing Address

**4514 DUMONT ST.
NEW PORT RICHEY FL 34653**

66433730



MOORE

CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0540639

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**XAVIER, FERNANDA
4514 DUMONT ST.
NEW PORT RICHEY FL 34653**

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete
NAME **FERNANDA, XAVIER**
STREET ADDRESS **4514 DUMONT ST.**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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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: Fernanda Xavier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/04

Date

727.372.7397

Daytime Phone #

66433790

Attachment
#PS400088640

9/14/01

The reason we sent a late report, is because we never recieved the annual report. So I feel I shouldn't be penalized to pay a late fee for something out of my control. If there are any questions, you can reach me at, 727-372-0766.

Thank You,

Fernando Xavier