

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90177 026 ***150.00

DOCUMENT # P95000020165

1. Entity Name
HENLEY HOUSE FARMS, INC.



Principal Place of Business
**12765 FOREST HILL BOULEVARD
SUITE 1302
WELLINGTON, FL 33414**

Mailing Address
**12765 FOREST HILL BLVD
SUITE 1302
WELLINGTON, FL 33414 US**

50035825



03072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
58-2164938

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

**DE-MENDOZA, MARIO G. III, ESQ.
12765 FOREST HILL BOULEVARD
SUITE 1302
WELLINGTON, FL 33414**

Name
MARIO G. DE MENDOZA, III, P.A.
Street Address (P.O. Box Number is Not Acceptable)
12765 Forest Hill Blvd., Suite 1302
City
Wellington FL Zip Code
33414

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.

MARIO G. DE MENDOZA, III, P.A.

SIGNATURE By **Mario G. de Mendoza, III, Pres.** **3/7/05**
Signature, typed or printed name of registered agent and title (applicable). (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 PD ☐ Delete
NAME JUVONEN, RONALD J
STREET ADDRESS 12765 FOREST HILL BLVD., SUITE 1302
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME JUVONEN, DENSEY C
STREET ADDRESS 12765 FOREST HILL BLVD., SUITE 1302
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Ronald J. Juvonen** **Ronald J. Juvonen, Pres.** **4/4/05** **610 925 3480**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #