

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90015 046 ***558.75

DOCUMENT # P97000043693

1. Entity Name

WYNKEN-BLYNKEN & NOD, INC.



Principal Place of Business:

13401 OLD SHERIDIAN ST
SOUTHWEST RANCHES FL 33330-3752
US

Mailing Address

13401 OLD SHERIDIAN ST
SOUTHWEST RANCHES FL 33330-3752
US

2. Principal Place of Business

13401 Old Sheridan St

3. Mailing Address

Suite, Apt. #, etc.

City & State

Southwest Ranches FLA

City & State

Zip

33330

Country

Broward

Country

4. FEI Number

65-0769551

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEMP, JEAN LOUISE
13401 OLD SHERIDIAN ST
SOUTHWEST RANCHES FL 33330-3752

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 \$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 D
NAME HENDRICKS, ROBERT A
STREET ADDRESS 2600 DOUGLAS RD SUITE 607
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE P
NAME KEMP, JEAN LOUISE
STREET ADDRESS 13401 OLD SHERIDIAN ST
CITY-ST-ZIP SOUTH WEST RANCHES FL 33330 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

Jean Louise Kemp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/04 954-252-5250

Date

Daytime Phone #