

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90027 045 ***150.00

DOCUMENT # P98000053278

1. Entity Name

MENUS, ETC., INC.



Principal Place of Business

500 SCOTIA DRIVE
SUITE 201
HYPOLUXO FL 33462
US

Mailing Address

P O BOX 1677
BOCA RATON FL 33429
US

00000000



MOORE CR2E034 (11/03)

2. Principal Place of Business

110 YACHT CLUB WAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HYPOLUXO, FL

City & State

Florida

Zip

33462

Country

USA

Zip

Country

4. FEI Number

65-0849925

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENDELSON, J
500 SCOTIA DRIVE
SUITE 201
HYPOLUXO FL 33462

7. Name and Address of New Registered Agent

Name

J. MENDELSON

Street Address (P.O. Box Number is Not Acceptable)

110 YACHT CLUB WAY #107

City

HYPOLUXO

FL

Zip Code

33462

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

J. Mendelson J. MENDELSON

FEB 4/04

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MENDELSON, J.
STREET ADDRESS 500 SCOTIA DRIVE SUITE 201
CITY-ST-ZIP HYPOLUXO FL 33462

TITLE ☐ Delete
NAME Suite 107
STREET ADDRESS HYPOLUXO, FL
CITY-ST-ZIP 33462

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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:

J. Mendelson President

FEB 4/04 561 585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9600