2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 21, 2005 8:00 am Secretary of State 01-21-2005 90081 049 ***158.75

DOCUMENT # 650317 1. Entity Name SFRN, INC.					01-21-2005 90081 049 ***158.75				158.75	
Principal Place of Business Mailing Address					4000004					
1201 BELVEDERE RD.		1201 BELVEDERE RD.			40003944					
WEST PALM BEACH, FL 33405		WEST PALM BEACH, FL 33405								
			•			HIR eriot ut t i kirii i	181 81811 81 5 11 81	BIL OFBIL OFBIL OLD		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052005	Chg-P	CR2E	034 (10/03)		
City & State		City & State			4. FEI Number 59-1959				plied For t Applicable	
Zip	. Country	Zip	Country			of Status Desired	×	\$8.75 Add	itional	
					<u> </u>		~~	Fee Require	<u> </u>	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent Name						
SHALLOWAY, K. DAN										
1201 BELVEDERE RD. WEST PALM BEACH, FL 33405			Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
					,				,	
			City		- · · · · · · · · · · · · · · · · · · ·		Fl	Zip Code		
8 The above	named entity submits this statement fo	the nurges of changing its	registered office or	renister	ed agent, or hot	in the State of			and accept	
	ions of registered agent.	are purpose or changing as i	egistered office of	register	ed agent, or both	i, in the State of	ionua. Tan	i idilinida wilii,	and accept	
SIGNATUREL								,		
0.0	Signature, typed or printed name of registered agent of	and title if applicable. (NOTE	Registered Agent signatu	ure required	d when reinstating)		DATE	1	<u> </u>	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaig		\$5 . Add	.00 May Be led to Fees				ř	
10. OFFICERS AND DIRECTORS			11:		ADDITIONS/	CHANGES TO O	FFICERS AN	D DIRECTORS	S IN 11	
TITLE	PD	☐ Delete	TITLE	V.F				☐ Change	Addition	
NAME	SHALLOWAY, K. DAN	•	NAME	C. /	andre R	ayman ere Rd.				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	SS 1201 Belvedere Rd. West Palm Beach, FL 33405						
TITLE	V	☐ Delete	TITLE			<u> </u>		☐ Change	Addition	
NAME	TROPEPE, LISA	La bolote	NAME		•					
STREET ADDRESS	1201 BELVEDERE RD.		STREET ADDRESS		•					
CITY-ST-ZIP	WEST PALM BEACH, FL 33405		CITY-ST-ZIP	ļ						
TITLE	V RAYMAN, GARY M	` 🔀 Detete	TITLE .					☐ Change	☐ Addition	
STREET ADORESS	1201 BELVEDERE RD.		STREET ADDRESS						•	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405		CITY-ST-ZIP						•	
TITLE	V	☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS	WARREN, NEWELL 1201 BELVEDERE RD.		NAME STREET ADDRESS							
CITY-ST-ZIP	W. PALM BEACH, FL		CITY-ST-ZIP					•		
TITLE	S	☐ Delete	THILE	<u> </u>				☐ Change	Addition	
NAME	JACKSON, KEITH B		NAME					. – •		
STREET ADDRESS CITY-ST-ZIP	1201 BELVEDERE ROAD		STREET ADDRESS	-						
	W. PALM BEACH, FL 33405		CITY-ST-ZIP				·	<u> </u>		
TITLE NAME	T LAMOTTE, BRIAN J	. Delete	TITLE NAME					☐ Change	Addition	
STREET ADDRESS	1201 BELVEDERE ROAD	•	STREET ADDRESS							
CITY-ST-ZIP	W. PALM BEACH, FL 33405		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR