

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90073 013 ***150.00

DOCUMENT # F04000001906

1. Entity Name

STRUCTURED FINANCIAL ASSOCIATES, INC.



Principal Place of Business

**330 N. CHARLES ST., SUITE 400
BALTIMORE MD 21201**

Mailing Address

**330 N. CHARLES ST., SUITE 400
BALTIMORE MD 21201**

40014438



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

52-1400615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARROLL, RON
660 W FAIRBANKS AVENUE, SUITE 2
WINTER PARK FL 32789**

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 \$150.00

After May 1, 2005 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	PT	<input checked="" type="checkbox"/> Delete
NAME	BODI, ALFRED	
STREET ADDRESS	330 N CHARLES STREET, SUITE 400	
CITY-ST-ZIP	BALTIMORE MD 21201	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CARROLL, RONALD	
STREET ADDRESS	330 N CHARLES STREET, SUITE 400	
CITY-ST-ZIP	BALTIMORE MD 21201	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ELGIN, ROBERT S	
STREET ADDRESS	330 N CHARLES STREET, SUITE 400	
CITY-ST-ZIP	BALTIMORE MD 21201	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FINN, M. DANIEL	
STREET ADDRESS	330 N CHARLES STREET, SUITE 400	
CITY-ST-ZIP	BALTIMORE MD 21201	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HALL, JAMES E	
STREET ADDRESS	330 N CHARLES STREET, SUITE 400	
CITY-ST-ZIP	BALTIMORE MD 21201	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	TEWES, ANTON F	
STREET ADDRESS	330 N CHARLES STREET, SUITE 400	
CITY-ST-ZIP	BALTIMORE MD 21201	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY L. BURKE	
STREET ADDRESS	330 N. CHARLES ST #400	
CITY-ST-ZIP	BALTIMORE, MD 21201	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL KELLY	
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE	RONALD PITNEY - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS SARNI	
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN SCARBROUGH	
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

Anton F. Tewes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/05

Date

(410) 547-0112

Daytime Phone #