


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # K10183 1. Entity Name S & F/STATEWIDE, INC.	
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Principal Place of Business 7777 GLADES RD. SUITE 310 BOCA RATON, FL 33434	Mailing Address 7777 GLADES RD. SUITE 310 BOCA RATON, FL 33434
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0106323	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMIER, ROBERT J.
7777 GLADES RD.
SUITE 310
BOCA RATON, FL 33434

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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

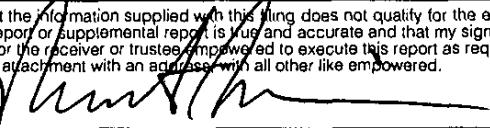
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMIER, ROBERT J. 7777 GLADES RD., STE.310 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FEURRING, DOUGLAS 7777 GLADES RD., STE.310 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOPEZ, KATHRYN A. 7777 GLADES RD., STE 310 BOCA RATON, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/10/07-80011-020 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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  **APR 24 2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Robert J. Schmier, Pres.