


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # K10183**  
 1. Entity Name  
**S & F/STATEWIDE, INC.**



Principal Place of Business      Mailing Address  
**7777 GLADES RD.**      **7777 GLADES RD.**  
**SUITE 310**      **SUITE 310**  
**BOCA RATON, FL 33434**      **BOCA RATON, FL 33434**



01072008    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE 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:** *Robert J. Schmier*    **Robert J. Schmier, Pres.**    *3/21/08*    **561-483-8400**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #