


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000040120</b>	
1. Entity Name S.E. & F. CORP., . . .	

Principal Place of Business 3120 W. HALLANDALE BEACH BLVD 607 6 ST. HALLANDALE, FL 33009 US	Mailing Address 3120 W. HALLANDALE BEACH BLVD LOT 607 HALLANDALE, FL 33009 US
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01092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

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

FITZGERALD, SHIRLEY E  
3120 W. HALLANDALE BEACH BLVD  
607 6 ST.  
HALLANDALE, FL 33009

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FITZGERALD, SHIRLEY E 3120 W. HALLANDALE BEACH BLVD 607 6 ST. HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS FITZGERALD, FITZ E 1355 NW 159TH AVE PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000006114  
01/16/04-80022-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: S.E. FITZGERALD S.E. FITZGERALD 13 JAN 2004 (954)961-0176  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #