


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000092185**

1. Entity Name  
**SERCAS & SONS, INC.**



Principal Place of Business      Mailing Address  
**13 MEADOWS PARK LANE**      **P.O BOX 3037**  
**BOYNTON BEACH, FL 33436**      **BOYNTON BEACH, FL 33424**

**DO NOT WRITE IN THIS SPACE**



04192004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3345767**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CASAINE JR, SERGIO**  
**13 MEADOWS PARK LANE**  
**BOYNTON BEACH, FL 33436**

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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 resigning)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CASAINE, SERGIO JR
STREET ADDRESS	% 13 MEADOWS PARK LANE
CITY- ST- ZIP	BOYNTON BEACH, FL 33436
TITLE	D
NAME	CASAINE, FRANK P
STREET ADDRESS	% 13 MEADOWS PARK LANE
CITY- ST- ZIP	BOYNTON BEACH, FL 33436
TITLE	S
NAME	CASAINE, HAYDEE L
STREET ADDRESS	13 MEADOWS PARK LANE
CITY- ST- ZIP	BOYNTON BEACH, FL 33436
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Sergio Casaine, Jr.      4/30/04      (561) 969-6684  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Office Phone #