

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000040120

1. Entity Name

S.E. & F. CORP., . . .



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

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



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 ☐ **\$8.75** 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

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, 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 DP
NAME FITZGERALD, SHIRLEY E
STREET ADDRESS 3120 W. HALLANDALE BEACH BLVD 607 6 ST.
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE DS
NAME FITZGERALD, FITZ E
STREET ADDRESS 1355 NW 159TH AVE
CITY-ST-ZIP PEMBROKE PINES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

00000006114
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 JAN 2004 (954)961-0176
Date Daytime Phone #