

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # K06385	
1. Entity Name SERAFEM, INC.	
Principal Place of Business 1120 E. PALMETTO AVENUE MELBOURNE, FL 32901	Mailing Address 1120 E. PALMETTO AVENUE MELBOURNE, FL 32901



04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2860469	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STIVERS, JAMES
1120 E. PALMETTO AVENUE
MELBOURNE, FL 32901

**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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PS STIVERS, JACIE 1120 E. PALMETTO AVENUE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT STIVERS, JAMES 1120 E. PALMETTO AVENUE MELBOURNE, FL 32901
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/16/05-80036-020 150.00

**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)(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: _____

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.13.5 321.724.0642
Date Daytime Phone #