

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 365126**

1. Entity Name  
**SEIFERT CONSTRUCTION, INC.**



Principal Place of Business  
**2560 NE 20 ST  
POMPANO BEACH, FL 33062**

Mailing Address  
**2560 NE 20 ST  
POMPANO BEACH, FL 33062**



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-1293993** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**SEIFERT, GEORGE F  
2560 NE 20 ST  
POMPANO BEACH, FL**

**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**

U000000018857  
01/29/04-80004-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE **S**  
NAME **SEIFERT, JOSEPHINE**  
STREET ADDRESS **2560 NE 20 ST**  
CITY-ST-ZIP **POMPANO BEACH, FL**

TITLE **PD**  
NAME **SEIFERT, GEORGE F**  
STREET ADDRESS **2560 NE 20 ST**  
CITY-ST-ZIP **POMPANO BEACH, FL**

TITLE **D**  
NAME **SEIFERT, JOSEPHINE**  
STREET ADDRESS **2560 NE 20 ST**  
CITY-ST-ZIP **POMPANO BEACH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 exemption stated in Section 19.07(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-04