

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 03, 2004 8:00 am
Secretary of State

06-03-2004 90003 011 ***550.00

DOCUMENT # 845308

1. Entity Name

S & M LANCASTER PROPERTIES, INC.



Principal Place of Business

**1915 HOLLYWOOD BLVD
201
HOLLYWOOD FL 33020**

Mailing Address

**1915 HOLLYWOOD BLVD
201
HOLLYWOOD FL 33020**

54056528



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-2903003**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHAUB, MAX
1915 HOLLYWOOD BLVD
HOLLYWOOD FL 33020**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME **SCHAUB, MAX**
STREET ADDRESS **1915 HOLLYWOOD BOULEVARD SUITE 201**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/07

(954) 927-0537

Attachment 54056528

S&M Lancaster Properties, Inc.
1915 Hollywood Boulevard Suite 201
Hollywood, FL 33020-4516
(954) 927-0533

Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

Re: Document # 845308 2004 For Profit Corporation Annual Report
FEI Number: 13-2903003

Dear Sirs:

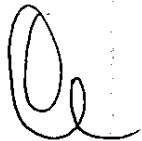
Please accept our apologies for the enclosed check with the 2004 For Profit Corporation Annual Report.

Unfortunately, we turned sickly following signature and for some reason the due to the illness we didn't realize that proper attention was given to the timing.

Our accountant picked up on this when performing a reconciliation of our bank Accounts.

As we are senior citizens, we would appreciate your consideration of reducing the Penalty and reimbursing us the \$ 400.00.

Sincerely Yours,



Max Schaub, President

Enclosures

MS/bm