

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90068 001 ***150.00

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1. Entity Name

SEREFEX CORPORATION



Principal Place of Business

3427 EXCHANGE AVE
STE 8
NAPLES FL 34104

Mailing Address

3427 EXCHANGE AVE
STE 8
NAPLES FL 34104

50020950



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

Serelex Corporation

Suite, Apt. #, etc.
4328 Corporate Sq. Blvd Ste C

City & State
Naples, FL

Zip
34104

Country
USA

3. Mailing Address

Serelex Corporation

Suite, Apt. #, etc.
4382 Corporate Square Blvd Ste C

City & State
Naples FL

Zip
34104

Country
USA

4. FEI Number 59-2412164

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNN, BRIAN
1100 MISTY PINES CIR. #204
NAPLES FL 34105

7. Name and Address of New Registered Agent

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/1/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE D ☐ Delete
NAME MONAHAN, TERRY
STREET ADDRESS P.O. BOX 872
CITY-ST-ZIP BIRMINGHAM MI 98012

TITLE PS ☐ Delete
NAME DUNN, BRIAN S
STREET ADDRESS 1100 MISTY PINES CIR. #204
CITY-ST-ZIP NAPLES FL 34105

TITLE D ☐ Delete
NAME HANNAH, DOUGLAS
STREET ADDRESS P.O. BOX 770277
CITY-ST-ZIP NAPLES FL 34107

TITLE T ☐ Delete
NAME BARTLETT, TODD
STREET ADDRESS 6020 W. MAPLE ROAD STE. 505
CITY-ST-ZIP W. BLOOMFIELD MI 48322

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-05

Date

(239) 262-1610

Daytime Phone #