


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000001684

1. Entity Name
SEWELL PRODUCTS OF FLORIDA, INC.



Principal Place of Business
909 MAGNOLIA AVE
AUBURDALE, FL 33823 US

Mailing Address
909 MAGNOLIA AVE
AUBURDALE, FL 33823 US

DO NOT WRITE IN THIS SPACE



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number
54-1795317

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANATION, FL 33324

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 _____ (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

U00000100284
 U4/U1/U4-80001-011 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CYNAMON, DAVID 909 MAGNOLIA AVE. AUBURDALE, FL 33823 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TCFO PEARCE, ROY 909 MAGNOLIA AVE. AUBURDALE, FL 33823 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PFAB, RICK 909 MAGNOLIA AVE. AUBURDALE, FL 33823 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASST BRODIE, HOWARD 909 MAGNOLIA AVE. AUBURDALE, FL 33823 |
| 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 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: *Roy Pearce* 3/31/04 905-660-2642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #