

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90036 023 ***158.75

DOCUMENT # K21430

1. Entity Name

D.F.C OF SOUTH FLORIDA, INC.



Principal Place of Business

9000 SHERIDAN ST.
SUITE 136
PEMBROKE PINES FL 33024
US

Mailing Address

9000 SHERIDAN ST
STE 136
PEMBROKE PINES FL 33024
US

54020818



MOORE

CR2E034 (11/03)

2. Principal Place of Business

5641 S.W. 100th Avenue

Suite, Apt. #, etc.

3. Mailing Address

5641 S.W. 100th Avenue

Suite, Apt. #, etc.

City & State

Cooper City, Florida

City & State

Cooper City, Florida

4. FEI Number

65-0063940

Applied For

Not Applicable

Zip

33328

Country

U.S.

Zip

33328

Country

U.S.

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUFFEY, WILLIAM K.
9009 SHERIDAN ST
STE 136
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name

Duffey, William K.

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

5641 S.W. 100th Avenue

City

Cooper City

FL

Zip Code
33328

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

William K. Duffey

WILLIAM K. DUFFEY - PRES?

3/15/04

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

TITLE P ☒ Delete
NAME DUFFEY, WILLIAM K.
STREET ADDRESS 9000 SHERIDAN ST., STE. 136
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Pres ☒ Change ☐ Addition
NAME Duffey, William K.
STREET ADDRESS 5641 S.W. 100th Avenue
CITY-ST-ZIP Cooper City, FL 33328

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

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

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

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

TITLE ☐ Change ☐ Addition
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 name empowered.

SIGNATURE:

William K. Duffey

WILLIAM K. DUFFEY, PRES?

Date

3/15/04

954-249-0803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #