

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # K88857**

1. Entity Name

SIFFORD AND SONS ENTERPRISES, INC.



Principal Place of Business

1550 U.S. HWY. 1  
VERO BEACH, FL 32960 US

Mailing Address

1550 U.S. HWY. 1  
VERO BEACH, FL 32960 US



02272004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0121679

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

SIFFORD, ELLIOTT L.  
1300 28TH AVE  
VERO BEACH, FL 32960

**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

U00000088848  
03/15/04-80067-021 150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME SIFFORD, WILEY L, SR.  
STREET ADDRESS 3504 3RD PL., S.W.  
CITY-ST-ZIP VERO BEACH, FL

TITLE VP  
NAME SIFFORD, ELLIOTT  
STREET ADDRESS 2145 16TH ST. S.W.  
CITY-ST-ZIP VERO BEACH, FL

TITLE ST  
NAME SIFFORD, WILEY L III  
STREET ADDRESS 980 4TH LANE  
CITY-ST-ZIP VERO 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 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 #

3-11-04

772-778-4332