

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2007 8:00 am
Secretary of State

07-12-2007 90058 009 ***550.00

DOCUMENT # M88154

1. Entity Name
S F INDUSTRIES, INC.



Principal Place of Business
**2041 HOWELL BRANCH RD
MAITLAND, FL 32751**

Mailing Address
**P.O. BOX 532071
ORLANDO, FL 32853-2071**



07022007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2902964

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

**SCHWARTZ, KENNETH L
2041 HOWELL BRACH RD
MAITLAND, FL 32751**

**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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SCHWARTZ, PATRICIA A**
STREET ADDRESS **500 MELROSE AVE**
CITY-ST-ZIP **W.P., FL 32789**

TITLE **V**
NAME **SCHWARTZ, KENNETH L**
STREET ADDRESS **2041 HOWELL BRACH RD**
CITY-ST-ZIP **MAITLAND, FL 32751**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

Kenneth L Schwartz V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/09/07 (407) 644-1355
Date Daytime Phone #