

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M97108

Entity Name: SFP TRADING & SALES, INC.

FILED
Jan 05, 2004
Secretary of State

Current Principal Place of Business:

C/O DAVID P. SWEAT
3317 IMPERIAL LANE
LAKELAND, FL 33813 US

New Principal Place of Business:

Current Mailing Address:

C/O DAVID P. SWEAT
3317 IMPERIAL LANE
LAKELAND, FL 33813 US

New Mailing Address:

FEI Number: 59-2958470 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWEAT, DAVID P.
3317 IMPERIAL LANE
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SWEAT, DAVID P.
Address: 3317 IMPERIAL LANE
City-St-Zip: LAKELAND, FL

Title: STD () Delete
Name: CALDWELL, DAVID F
Address: 451 ARCHAIC DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SWEAT, DAVID P.
Address: 3317 IMPERIAL LANE
City-St-Zip: LAKELAND, FL 33813

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID P. SWEAT

PD

01/05/2004

Electronic Signature of Signing Officer or Director

_____ Date