


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90040 009 \*\*\*150.00

<b>DOCUMENT # P00000023239</b> 1. Entity Name <b>SEFRE, INC.</b>					
Principal Place of Business <b>20506 VIA MARISA BOCA RATON FL 33498</b>			Mailing Address <b>20506 VIA MARISA BOCA RATON FL 33498</b>		
2. Principal Place of Business <b>20506 VIA MARISA</b> Suite, Apt. #, etc. <b>B</b>		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.			
City & State <b>BOCA RATON FL</b>		City & State			
Zip <b>33498</b>		Country <b>FLORIDA</b>		Zip <b>33498</b>	
Country <b>FLORIDA</b>		4. FEI Number <b>65-0987032</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>SWEENEY, GERINE Y 20506 VIA MARISA BOCA RATON FL 33498</b>			7. Name and Address of New Registered Agent Name <b>GERINE SWEENEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>20506 VIA MARISA</b> City <b>BOCA RATON FL</b> Zip Code <b>33498</b>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SWEENEY, GERINE Y</b> <b>20506 VIA MARISA</b> <b>BOCA RATON FL 33498</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>YULE, GERALD W</b> <b>9727 TAVERNIER DR</b> <b>BOCA RATON FL 33497</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>YULE, MARY LOU</b> <b>9727-TAVERNIER DR</b> <b>BOCA RATON FL 33497</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u>Gerine Sweeney</u> <u>GERINE SWEENEY</u> 3/10/04 5761 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PO Date Daytime Phone # 477-0612					