

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90053 027 \*\*\*150.00

**DOCUMENT # P01000009861**

1. Entity Name

**S & T ENTERPRISES, INC.**



Principal Place of Business

**5655 KIMBRELL ST.  
JACKSONVILLE FL 32210**

Mailing Address

**5655 KIMBRELL ST.  
JACKSONVILLE FL 32210**

**54009324**



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number  
**51-3697658**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THOMPSON, ANTHONY W  
5655 KIMBRELL ST.  
JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent

Name **Sandra P. Schuhr**  
Street Address (P.O. Box Number is Not Acceptable)  
**5655 Kimbrell St**  
City **Jacksonville** FL Zip Code **32210**

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 *Sandra P. Schuhr*  
Signature, typed or printed name of registered agent and title if applicable.

**5655 Kimbrell St. Jacksonville, FL 32210**

**2-17-04**  
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  
NAME **SCHUHR, SANDRA P** ☐ Delete  
STREET ADDRESS **5655 KIMBRELL ST.**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE  
NAME **D THOMPSON, ANTHONY W** ☒ Delete  
STREET ADDRESS **5655 KIMBRELL ST.**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 life empowered.

SIGNATURE *Sandra P. Schuhr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-17-04**  
Date

**904 6939258**  
Daytime Phone #