

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000041309

FILED
Apr 06, 2004
Secretary of State

Entity Name: SDI OF AUBURNDALE, INC.

Current Principal Place of Business:

340 GREENFIELD ROAD
WINTER HAVEN, FL 33884

New Principal Place of Business:

415 MAGNOLIA AVE.
AUBURNDALE, FL 33823

Current Mailing Address:

340 GREENFIELD ROAD
WINTER HAVEN, FL 33884

New Mailing Address:

330 AVE B SW
SUITE 8
WINTER HAVEN, FL 33880

FEI Number: 59-3714600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGFORD, CURTIS R
176 BEVERLY DRIVE
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

LANGFORD, CURTIS R
P.O. BOX 7623
WINTER HAVEN, FL 33883 US

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: BARBARA LANGFORD

04/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LANGFORD, CURTIS R
Address: 176 BEVERLY DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: LANGFORD, ROY W JR
Address: 340 GREENFIELD ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: LANGFORD, BARBARA C
Address: 340 GREENFIELD ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: LEAKE, STEVEN W
Address: 1736 E. CHAPEL DR.
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LANGFORD, CURTIS R
Address: P.O. BOX 7623
City-St-Zip: WINTER HAVEN, FL 33883

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

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

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: BARBARA C. LANGFORD

D

04/06/2004

Electronic Signature of Signing Officer or Director

Date