

2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90115008 ***150.00
P01000107220

DOCUMENT # P01000107220

1. Entity Name
S & D FINANCIAL SERVICE, INC.



05 JUL 14 PM 2: 09

SECRET
TALLAHASSEE, FL 32303

Principal Place of Business
16502 N. DALE MABRY HWY.
TAMPA, FL 33618

Mailing Address
16502 N. DALE MABRY HWY.
TAMPA, FL 33618

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06292005

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1151514

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARR, DAVID L II
16502 N. DALE MABRY HWY.
TAMPA, FL 33618

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME CARR, LARRY A
STREET ADDRESS 16502 N. DALE MABRY HWY.
CITY-ST-ZIP TAMPA, FL 33618

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

TITLE VP ☐ Delete
NAME CARR, DAVID L II
STREET ADDRESS 16502 N. DALE MABRY HWY.
CITY-ST-ZIP TAMPA, FL 33618

TITLE VS ☒ Change ☐ Addition
NAME CARR, DAVID L II
STREET ADDRESS 16502 N. DALE MABRY HWY.
CITY-ST-ZIP TAMPA, FL 33618

TITLE TS ☐ Delete
NAME MAZZIE, LYNDIA C
STREET ADDRESS 16502 N. DALE MABRY HWY.
CITY-ST-ZIP TAMPA, FL 33618

TITLE T ☒ Change ☐ Addition
NAME MAZZIE, LYNDIA C
STREET ADDRESS 16502 N. DALE MABRY HWY.
CITY-ST-ZIP TAMPA, FL 33618

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 like empowered.

SIGNATURE:

[Signature]

LARRY A. CARR

6-30-05

813-269-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #