

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90025 050 ***158.75

DOCUMENT # P01000109989

1. Entity Name

THE SPECIAL EVENT RESOURCE AND DESIGN GROUP INC.



Principal Place of Business

233 NOTTINGHAM BLVD.,
WEST PALM BEACH FL 33405

Mailing Address

233 NOTTINGHAM BLVD.,
WEST PALM BEACH FL 33405



2. Principal Place of Business - No P.O. Box #

600 S. DIXIE HWY

Suite, Apt. #, etc.

SUITE 219

3. Mailing Address

600 S. DIXIE HWY

Suite, Apt. #, etc.

SUITE 219

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33401

Country

PALM BEACH

Zip

33401

Country

PALM BEACH

1st MOORE

CR2E034 (10/06)

4. FEI Number

22-3842806

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ERESHENA, S. MICHAEL
233 NOTTINGHAM BLVD.,
WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name

ERESHENA, S. MICHAEL

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

600 S. DIXIE HWY

SUITE 219

City

WEST PALM BEACH, FL

Zip Code

33401

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 reinstating)

DATE

2/9/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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 ☐ Delete
NAME ERESHENA, S. MICHAEL
STREET ADDRESS 233 NOTTINGHAM BLVD.,
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME ERESHENA, S. MICHAEL
STREET ADDRESS 600 S. DIXIE HWY SUITE 219
CITY-ST-ZIP WEST PALM BEACH, FL 33401

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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 exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/07

Date

Daytime Phone #