

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90065 027 \*\*\*158.75

**DOCUMENT # P02000039250**

1. Entity Name

**SOUTH FLORIDA DIGEST, INC.**



Principal Place of Business

**423 WEST HALLANDALE BEACH BLVD.  
HALLANDALE BEACH FL 33009**

Mailing Address

**423 WEST HALLANDALE BEACH BLVD.  
HALLANDALE BEACH FL 33009**

40040492



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

**117 NE 3rd St.**

3. Mailing Address

**117 NE 3rd St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Hallandale Bch, FL**

City & State

**Hallandale Bch, FL**

4. FEI Number

**73-1637547**

Applied For

Not Applicable

Zip

**33009**

Country

**USA**

Zip

**33009**

Country

**USA**

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FARQUHAR, CRAIG D  
423 WEST HALLANDALE BEACH BLVD  
HALLANDALE BEACH FL 33009**

7. Name and Address of New Registered Agent

Name **CRAIG FARQUHAR**

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

**117 NE 3rd St.**

City

**Hallandale Beach**

**FL**

Zip Code

**33009**

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 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 PD ☐ Delete  
NAME FARQUHAR, CRAIG D  
STREET ADDRESS 3374 TURTLE COVE  
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE VSD ☐ Delete  
NAME HILES, CECILE  
STREET ADDRESS 1931 NE 211TH ST.  
CITY-ST-ZIP MIAMI FL 33179

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  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**CRAIG FARQUHAR President 2/25/05 458-0635**