

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90041 011 ***150.00

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1. Entity Name
SFD II, INC.

Principal Place of Business
9025 BOGGY CREEK RD.
UNIT #11
ORLANDO FL 32824

Mailing Address
5807 WEST MARINER STREET
TAMPA FL 33609



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

3. Mailing Address

5807 MARINER ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 90-0036610

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

LANGFORD, E. C.
1715 WEST CLEVELAND STREET
TAMPA FL 33606

7. Name and Address of New Registered Agent

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 reinstating)

DATE

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
NAME: PSD
STREET ADDRESS: GUAGLIARDO, SAL
CITY- ST- ZIP: 5807 WEST MARINER STREET TAMPA FL 33609 ☐ Delete

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY- ST- ZIP:

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY- ST- ZIP:

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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: 5807 MARINER ST.
CITY- ST- ZIP:

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:

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 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]*

1-22-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #