

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000073142

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: S.B.F. CORP. INC.

**Current Principal Place of Business:**

C/O WILLIAM E FERRIS  
#2 OCTAVIA WAY  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

C/O WILLIAM E FERRIS  
PO BOX 1073  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

FEI Number: 56-2281817      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FINCH, JOHN K ESQ  
323 MAIN ST  
SAFETY HARBOR, FL 34695      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FERRIS, WILLIAM E  
Address: #2 OCTAVIA WAY  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: P ( ) Delete  
Name: FERRIS, WILLIAM E  
Address: #2 OCTAVIA WAY  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VP ( ) Delete  
Name: FERRIS, SANDRA L  
Address: #2 OCTAVIA WAY  
City-St-Zip: SAFTY HARBOR, FL 34695

Title: D ( ) Delete  
Name: FERRIS, SANDRA L  
Address: #2 OCTAVIA WAY  
City-St-Zip: SAFETY HARBOR, FL 34695

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 exemption stated in Chapter 119, 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: SANDRA L FERRIS

D

01/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date