

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000085158

FILED
Jan 07, 2008
Secretary of State

Entity Name: S & D PROPERTIES ENTERPRISES, INC.

Current Principal Place of Business:

1612 NOBLE FIR ST.
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

1612 NOBLE FIR ST.
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 35-2176789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEVICK, STEVE
1612 NOBLE FIR ST.
LAKE PLACID, FL 33852 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: PD () Delete
Name: SHEVICK, STEVE
Address: 1612 NOBLE FIR ST.
City-St-Zip: LAKE PLACID, FL 33852

Title: VD () Delete
Name: DERI, MOTI
Address: 1612 NOBLE FIR ST.
City-St-Zip: LAKE PLACID, FL 33852

Title: SD () Delete
Name: DERI, CARYN L
Address: 1612 NOBLE FIR ST.
City-St-Zip: LAKE PLACID, FL 33852

Title: TD () Delete
Name: SHEVICK, GINI
Address: 1612 NOBLE ZFIR ST.
City-St-Zip: LAKE PLACID, FL 33852

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: STEVE SHEVICK

PD

01/07/2008

Electronic Signature of Signing Officer or Director

Date