

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000053970**

1. Entity Name  
**SFSB, INC.**



Principal Place of Business  
**2420 NE 51ST STREET  
LIGHTHOUSE POINT, FL 33064**

Mailing Address  
**2420 NE 51ST STREET  
LIGHTHOUSE POINT, FL 33064**



03222006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>75-3116865</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**8. Name and Address of Current Registered Agent**

**BAUGHMAN, LON  
2420 NE 51ST STREET  
LIGHTHOUSE POINT, FL 33064**

**DO NOT WRITE  
IN THIS SPACE**

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 the (if applicable).

(NOTE: Registered Agent signature required when re-registering)

DATE

**3-22-06**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1100000479485  
04/10/2006-1100005-016 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>BAUGHMAN, LON</b>
STREET ADDRESS	<b>2420 NE 51ST STREET</b>
CITY-ST-ZIP	<b>LIGHTHOUSE POINT, FL 33064</b>

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 or other, I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-22-06**

**954 449 9781**