

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90180 041 \*\*\*150.00

DOCUMENT # P03000054683

1. Entity Name

SAFFRONEY ENTERPRISES, INC.



Principal Place of Business  
PO BOX 551  
LAKE WORTH FL 33460

Mailing Address  
PO BOX 551  
LAKE WORTH FL 33460



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

1502 So Lakeside DR  
Suite, Apt. #, etc.  
# 312 N

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State  
LAKE WORTH

City & State

4. FEI Number 57-1168858

Applied For  
Not Applicable

Zip  
33460

Country  
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTELLANOS, LISA M  
6528 RAMBLEWOOD CIRCLE  
LAKE WORTH FL 33463

Please  
Delete

Name Robert M. May

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

1502 So Lakeside DR # 312 N

City Lake worth

FL

Zip Code 33460

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 (applicant).

(NOTE: Registered Agent signature required when registering.)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME MAY, ROBERT M ☐ Delete  
STREET ADDRESS 1502 LAKESIDE DRIVE  
CITY- ST- ZIP LAKE WORTH FL 33460

TITLE  
NAME Robert M. May ☒ Change ☐ Addition  
STREET ADDRESS 1502 So. Lakeside DR # 312 N  
CITY- ST- ZIP Lake worth, FL 33460

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

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

TITLE  
NAME ☐ Delete  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/07

Daytime Phone #