


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90007 001 \*\*\*550.00

<b>DOCUMENT # P03000057146</b>		
1. Entity Name <b>S&amp;D CONTRACTING CORPORATION</b>		

Principal Place of Business <b>11440 OKEECHOBEE BLVD STE 206 ROYAL PALM BCH, FL 33411</b>	Mailing Address <b>11440 OKEECHOBEE BLVD STE 206 ROYAL PALM BCH, FL 33411</b>
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2. Principal Place of Business <b>6903 VISTA PKWY N</b>	3. Mailing Address <b>6903 VISTA PKWY N</b>
Suite, Apt. #, etc. <b>7</b>	Suite, Apt. #, etc. <b>7</b>



07072004 Chg-P CR2E034 (10/03)

City & State <b>West Palm Beach FL</b>	City & State <b>West Palm Beach FL</b>	4. FEI Number <b>01-0789346</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33411</b>	Country <b>USA</b>	Zip <b>33411</b>	Country <b>U.S.A.</b>

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

6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22 ST 4TH FL MIAMI, FL 33145</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 **Spiegel + Utrera, PA** **7/7/2004**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD BATCHELOR, SEAN R 11440 OKEECHOBEE BLVD STE 206 ROYAL PALM BCH, FL 33411</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD FITZPATRICK, DANIEL J 11440 OKEECHOBEE BLVD STE 206 ROYAL PALM BCH, FL 33411</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]** **7-7-04** **561-713-3540**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #