

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 08, 2007 8:00 am
Secretary of State

05-17-2007 90040 028 ***150.00

DOCUMENT # P04000109695

1. Entity Name
S & F REAL ESTATE TWO, INC.



Principal Place of Business
**15809 CORINTHA TERR.
DELRAY BEACH, FL 33446**

Mailing Address
**15809 CORINTHA TERR.
DELRAY BEACH, FL 33446**

DO NOT WRITE IN THIS SPACE



02202007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1447552

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOROWITZ, SCOTT
15809 CORINTHA TERR.
DELRAY BEACH, FL 33446**

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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 title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MOROWITZ, SCOTT
15809 CORINTHA TERR.
DELRAY BEACH, FL 33446**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FRASCA, FRANK
15809 CORINTHA TERR.
DELRAY BEACH, FL 33446**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT MOROWITZ **6/5/07**

Date

Daytime Phone #

ATTACHMENT

66018384

#104000169695

APPLE CORPS, INC.

the Appleyard Family Foundation
741 Gerhardt Drive
Pensacola, Florida 32503
850-432-1163

June 6, 2007

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

I am returning the 2007 report form to which the titles of president and secretary-treasurer have been added opposite the appropriate personal listings. The full report form was mailed with an extension date on May 29th. I hope this clarifies any details that may have caused concern.



John Appleyard
President