

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000131952

Entity Name: SFM FINANCIAL SERVICES, INC.

FILED
Jan 27, 2006
Secretary of State

Current Principal Place of Business:

4535 US 19 N.
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

2915 SR 590
18
CLEARWATER, FL 33759

Current Mailing Address:

P O BOX 1637
TARPON SPRINGS, FL 34688

New Mailing Address:

2915 SR 590
18
CLEARWATER, FL 33759

FEI Number: 20-1660825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMDAS, GLENN M
4535 US 19 N.
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

RAMDAS, GLENN M
2915 SR 590
CLEARWATER, FL 33759 US

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: GLENN M. RAMDAS

01/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAMDAS, GLENN M
Address: 1739 LONGVIEW LANE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: V () Delete
Name: WALTZ, GEORGE R
Address: 1162 ROLLING OAKS AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: ST () Delete
Name: TALLARIDA, STENIO
Address: 165 DEVON DRIVE
City-St-Zip: CLEARWATER, FL 33767

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: STENIO TALLARIDA

ST

01/27/2006

Electronic Signature of Signing Officer or Director

Date