

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only
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DOCUMENT # P08000042503

1. Entity Name

SF Trading of SW FL Inc.



FILED

11 MAY 16 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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

SF Trading of SW FL Inc.

Suite, Apt. #, etc.
5815 SW 1st Place

City & State
Cape Coral, FL

Zip
33914

3. Mailing Address

SF Trading of SW FL Inc.

Suite, Apt. #, etc.
5815 SW 1st Pl

City & State
Cape Coral, FL

Zip
33914

CR2E034B (1/11)

4. FEI Number

75-3267179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Sandra Fischer

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

5815 SW 1st Place

City

Cape Coral

FL

Zip Code

33914

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]

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

05/12/11

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

E-mail Address:

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Officer/ Director
Sandra Fischer
5815 SW 1st Place
Cape Coral, FL 33914

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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05/06/11 201045-0081 ** 150.00

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

[Signature]

Sandra Fischer

05/12/11

DATE

239-440-5031

Daytime Phone #

5/16/11