

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90025 035 ***150.00

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1. Entity Name
SECURITY FINANCIAL & INVESTMENT CORP.



Principal Place of Business
1250 E. HALLANDALE BEACH BLVD
SUITE 300
HALLANDALE, FL 33009

Mailing Address
1250 E. HALLANDALE BEACH BLVD
SUITE 300
HALLANDALE, FL 33009 US

24049266



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02182004 Chg-P CR2E034 (10/03)

City & State
City & State

Zip **Country** **Zip** **Country**

4. FEI Number
41-1792016

Applied For
Not Applicable

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

NESTOR, BRENDA
1250 E. HALLANDALE BEACH BLVD.
SUITE 300
HALLANDALE, FL 33009

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VCEV ☐ Delete
NAME COLVIN, MELVIN R
STREET ADDRESS 1250 E. HALLANDALE BEACH BLVD STE 300
CITY-ST-ZIP HALLANDALE, FL 33009

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

TITLE CPCE ☐ Delete
NAME NESTOR, BRENDA
STREET ADDRESS 1250 E. HALLANDALE BEACH BLVD STE 300
CITY-ST-ZIP HALLANDALE, FL 33009

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

TITLE VST ☐ Delete
NAME LAUNER, BLANCHE S
STREET ADDRESS 1250 E. HALLANDALE BEACH BLVD STE 300
CITY-ST-ZIP HALLANDALE, FL 33009

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

TITLE CFOA ☐ Delete
NAME MCGANN, EDWARD T
STREET ADDRESS 1250 E. HALLANDALE BEACH BLVD STE 300
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE ☒ Change ☐ Addition
NAME CF/AT
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Blanche Lauener*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Daytime Phone #**

4/15/04 954-455-5953