2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000056933

1. Entity Name
FLORIKAN-SOUTHEAST, INC.

Principal Place of Business	Mailing Address
1523 EDGER PLACE SARASOTA, FL 34240	1523 EDGER PLACE SARASOTA, FL 34240

DO NOT WRITE IN THIS SPACE

01092004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0431981		Not Applicable

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

6. Name and Address of Current Registered Agent

ROSENTHAL, EDWARD
1523 EDGER PLACE
SARASOTA, FL 34240

DO NOT WRITE 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 reinstating)   DATE

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

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROSENTHAL, EDWARD
STREET ADDRESS	1523 EDGER PLACE
CITY-ST-ZIP	SARASOTA, FL 34240

TITLE	VP
NAME	ROSENTHAL, BETTY
STREET ADDRESS	1523 EDGER PLACE
CITY-ST-ZIP	SARASOTA, FL

DO NOT WRITE IN THIS SPACE

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: _Betty Rosenthal_   4/15/y   377-8666 (941)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #