

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90278 015 ***150.00

DOCUMENT # P95000050434

1. Entity Name
SOUTHERN MICRO ETCH, INC.



Principal Place of Business
**610 NE 29TH ST.
POMPANO, FL 33064 US**

Mailing Address
**610 NE 29TH ST.
POMPANO, FL 33064 US**

94054486



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03312004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0592208

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**NOFILL, JOSEPH
3284 N STATE RD.7
LAUDERDALE LAKES, FL 32319**

Name
JOSEPH K. NOFILL, P.A.

Street Address (P.O. Box Number is Not Acceptable)
3284 NORTH STATE ROAD 7

City
LAUDERDALE LAKES FL Zip Code
33319

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)

3/31/04
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
WAGNER, WOLFGANG C
2738 N.E. 29 ST.
LIGHTHOUSE POINT, FL 33064** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**610 NE 29TH STREET
POMPANO BEACH, FL 33064** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
MULLINS, ROBERT M
2738 N.E. 29 ST.
LIGHTHOUSE POINT, FL 33064** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**610 NE 29TH STREET
POMPANO BEACH, FL 33064** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04
Date

944-781-5999
Daytime Phone #