

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90271 021 \*\*\*150.00

**DOCUMENT # P97000093691**

1. Entity Name

SHERMAN-KALFIN ENTERPRISES, INC.



Principal Place of Business

118 NORTH RIVER DR. WEST  
JUPITER FL 33458

Mailing Address

118 NORTH RIVER DR. WEST  
JUPITER FL 33458

2. Principal Place of Business

102 GEORGIAN CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

102 GEORGIAN CIRCLE

Suite, Apt. #, etc.

City & State

JUPITER

Zip 33458

Country PALM BEACH

City & State

JUPITER

Zip 33458

Country PALM BEACH

4. FEI Number

65-0791126

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KALFIN, ALLAN M  
102 GEORGIAN CIRCLE  
JUPITER FL 33458

7. Name and Address of New Registered Agent

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 ALLAN M. KALFIN

Signature, typed or printed name of registered agent and title if applicable.

ALLAN M. KALFIN

(NOTE: Registered Agent signature required when reinstating)

4/26/04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004: Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D  
NAME SHERMAN, IVAN ARRON  
STREET ADDRESS 118 NORTH RIVER DR. WEST  
CITY-ST-ZIP JUPITER FL 33458

☐ Delete

TITLE D  
NAME KALFIN, ALLAN M  
STREET ADDRESS 102 GEORGIAN CIR. "NORTHFOLK"  
CITY-ST-ZIP JUPITER FL 33458

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE NAME  
STREET ADDRESS  
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:

ALLAN M. KALFIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLAN M. KALFIN

Date

Daytime Phone #

4/26/04