

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000102089

1. Entity Name
S.R. 54, INC.



Principal Place of Business
1311 NORTH CHURCH AVE.
TAMPA, FL 33607

Mailing Address
1311 NORTH CHURCH AVE.
TAMPA, FL 33607



01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3490331

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARER, RICHARD M.
1311 N. CHURCH AVENUE
TAMPA, FL 33607

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
HABER, RICHARD M
1311 NORTH CHURCH AVE.
TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
LYNN, ANDREW J.
1311 N. CHURCH AVENUE
TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SWENSON, DUANE A
12300 W CENTERN ST #200
MILWAUKEE, WI 53222

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROBB, WALTER J
3000 TROY - SCHENECTADY RD
SCHENECTADY, NY 12309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000022631
01/30/04-80051-016 150.00

**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)(f), 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

Date

Daytime Phone #

1-28-04

113-8768320