

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000105307

1. Entity Name
SE FLORIDA PROPERTIES, INC.



Principal Place of Business
324 ROYAL PALM WAY
SUITE 231
PALM BEACH, FL 33480

Mailing Address
P.O. BOX 2771
PALM BEACH, FL 33480

FILED

04 APR 29 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02262004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0806620

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAISFIELD, MARC
324 ROYAL PALM WAY
SUITE 231
PALM BEACH, FL 33480

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	HAISFIELD, RANDY
STREET ADDRESS	324 ROYAL PALM WAY SUITE 231
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D
NAME	HAISFIELD, TAMARA
STREET ADDRESS	324 ROYAL PALM WAY SUITE 231
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D
NAME	HAISFIELD, LISA
STREET ADDRESS	2697 TECUMSAH DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	D
NAME	HAISFIELD, MARC
STREET ADDRESS	2697 TECUMSAH DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

Handwritten signature

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

Date

Daytime Phone #

Handwritten signature: Marc Haisfield, Director

Handwritten date: 4/27/04

Handwritten phone number: 561-655-2829