2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000019145

1. Entity Name
S & V ENTERPRISES INC

Principal Place of Business	Mailing Address
706 LEMON GRASS LANE	706 LEMON GRASS LANE
WELLINGTON, FL 33414	WELLINGTON, FL 33414

04282004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0821374		Not Applicable

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

6. Name and Address of Current Registered Agent

BOYLAN, VERN W
706 LEMON GRASS LANE
WELLINGTON, FL 33414

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

U00000158105
05/07/04-80008-007 150.00

TITLE	P
NAME	BOYLAN, SUSANA F
STREET ADDRESS	706 LEMONGRASS LN
CITY-ST-ZIP	WPB, FL 33414

TITLE	VP
NAME	BOYLAN, VERN W
STREET ADDRESS	706 LEMONGRASS LN
CITY-ST-ZIP	WPB, FL 33414

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: X_Susana F Boylan_____   4/28/04   798-3563

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