

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90292 035 \*\*\*158.75

**DOCUMENT # P98000082133**

1. Entity Name  
874 SOUTH COUNTY ROAD CORP.



Principal Place of Business  
18679 S.E. FEDERAL HIGHWAY  
TEQUESTA, FL 33469

Mailing Address  
18679 S.E. FEDERAL HIGHWAY  
TEQUESTA, FL 33469

2. Principal Place of Business  
*18745 SE Federal Hwy*  
Suite, Apt. #, etc.

3. Mailing Address  
*18745 SE Federal Hwy*  
Suite, Apt. #, etc.



04062004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
65-0864594

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

RUBENFELD, DAREN  
18679 S.E. FEDERAL HIGHWAY  
TEQUESTA, FL 33469

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

*18745 SE Federal Hwy*

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

*[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 D ☐ Delete  
NAME MILLER, ROBERT L  
STREET ADDRESS 18679 S.E. FEDERAL HIGHWAY  
CITY-ST-ZIP TEQUESTA, FL 33469

TITLE VP ☐ Delete  
NAME RUBENFELD, DAREN  
STREET ADDRESS 18679 SE FEDERAL HWY  
CITY-ST-ZIP JUPITER, FL 33469

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS *18745 SE Federal Hwy*  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS *18745 SE Federal Hwy*  
CITY-ST-ZIP *Tequesta FL 33469*

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

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

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

TITLE ☐ Change ☐ Addition  
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #