

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000010459

FILED
May 01, 2004
Secretary of State

Entity Name: S & O MERCHANDISE BROKERS, INC.

Current Principal Place of Business:

514 PEERLESS CIRCEL
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

514 PEERLESS CIRCEL
LEHIGH ACRES, FL 33936

New Mailing Address:

FEI Number: 65-0891491 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, SEYMORE
3153 NW 114 AVE
CORAL SPRINGS, FL 330653105

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, SEYMORE
Address: 3153 NW 114 AVE
City-St-Zip: CORAL SPRINGS, FL 330653105

Title: VD () Delete
Name: BECKFORD-WILLIAMS, OLIVINNE
Address: 3153 NW 114 AVE
City-St-Zip: CORAL SPRINGS, FL 330653105

Title: CM () Delete
Name: WILLIAMS, MARK A
Address: 514 PEELESS CIRCLE
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK WILLIAMS

CM

05/01/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date