

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000010459

FILED  
Apr 28, 2005  
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 US

**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

04/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date