

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000025691

1. Entity Name
S & E PUBLISHING, INC.



Principal Place of Business
**6401 NW 54TH DR
CORAL SPRINGS, FL 33067**

Mailing Address
**6401 NW 54TH DR
CORAL SPRINGS, FL 33067**

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01272004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0903332 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**LIEBOWITZ, SANFORD J
6401 NW 54TH DR
CORAL SPRINGS, FL 33067**

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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 _____

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 NAME STREET ADDRESS CITY-ST-ZIP | D LIEBOWITZ, SANFORD J 6401 NW 54TH DR CORAL SPRINGS, FL 33067 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LIEBOWITZ, ELIZABETH M 6401 NW 54TH DR CORAL SPRINGS, FL 33067 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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

2/5/04 **(954)**
Date
Office Phone #

524-2211