


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S92076</b> 1. Entity Name SOUTH FLORIDA REAL ESTATE & MANAGEMENT CORP.	
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Principal Place of Business 1001 E. ATLANTIC AVE SUITE 202 DELRAY BEACH, FL 33483 US	Mailing Address 1000 MARKET ST BLDG 1 PORTSMOUTH, NH 03801 US
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01032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0314382	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CRITCHFIELD, RICHARD H 1100 LINTON BLVD STE C4 DELRAY BEACH, FL 33444
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**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	PT WALSH, MARK 1001 E. ATLANTIC AVE., SUITE 202 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WALSH, MICHAEL 1001 E. ATLANTIC AVE., SUITE 202 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALSH, WILLIAM 1000 MARKET ST BLDG 1 PORTSMOUTH, NH 03801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRITCHFIELD, RICHARD H. 1001 E. ATLANTIC AVE., SUITE 202 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADE, RICHARD 1000 MARKET ST BLDG 1 PORTSMOUTH, NH 03801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000335422  
04/27/05-80081-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Richard A. De*  
Richard A. De

Date

1/10/05

Daytime Phone #

(603) 559-2100