

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 08:00 AM
Secretary of State

DOCUMENT # S92076

1. Entity Name
SOUTH FLORIDA REAL ESTATE & MANAGEMENT CORP.



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**

DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0314382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRITCHFIELD, RICHARD H
1100 LINTON BLVD
STE C4
DELRAY BEACH, FL 33444**

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000676286
03/30/07-80053-007 150.00

10. OFFICERS AND DIRECTORS

TITLE PT
NAME WALSH, MARK
STREET ADDRESS 1001 E. ATLANTIC AVE., SUITE 202
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE VS
NAME WALSH, MICHAEL
STREET ADDRESS 1001 E. ATLANTIC AVE., SUITE 202
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE V
NAME WALSH, WILLIAM
STREET ADDRESS 1000 MARKET ST BLDG 1
CITY-ST-ZIP PORTSMOUTH, NH 03801

TITLE S
NAME CRITCHFIELD, RICHARD H.
STREET ADDRESS 1001 E. ATLANTIC AVE., SUITE 202
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE V
NAME ADE, RICHARD
STREET ADDRESS 1000 MARKET ST BLDG 1
CITY-ST-ZIP PORTSMOUTH, NH 03801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Richard C. Ade, EUP.

1/19/07

Date

(603)559-2100

Daytime Phone #