2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 07, 2005 8:00 am Secretary of State **DOCUMENT # G01481** 01-07-2005 90005 039 ***150 00 1. Entity Name STEPHEN G. REICH & ASSOCIATES, INC. Principal Place of Business Mailing Address POST OFFICE BOX 181909 1416 TUSCA TRAIL 50000512 WINTER SPRINGS, FL 32708 SUITE 1600 CASSELBERRY, FL 32718 US 2. Principal Place of Business 3. Mailing Address 1416 TUSEA TRAIL Suite, Apt. #, etc. Suite, Apt. #, etc. 01032005 Chq-P CR2E034 (10/03) Applied For City & State City & State 4 FEI Number WINTER SPRINGS, 59-2218473 Not Applicable Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired 4.S. 32708 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEPHEN G. REICH REICH, STEPHEN G Street Address (P.O. Box Number is Not Acceptable) 1416 TUSCA TRAIL **SUITE 1600** WINTER SPRINGS, FL 32708 1416 TUSCA TEALL Zip Code 32708 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 registere SIGNATURE Land title if applicable (NOTE: Registered Agenit sign FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PSD** TITI F Change Addition ☐ Delete PEICH, STEPHEN G. 1416 TYPERA TRAIL WINTER SPRINGS, IFL REICH, STEPHEN G NAME NAME POST OFFICE BOX 181909 STREET ADDRESS STREET ADDRESS 32708 CLTY-ST-ZIP CASSELBERRY, FL 32718 CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualfy 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 take 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 empoyered 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 empoyered. 1-4-05 1-407-695-2781 SIGNATURE: _ SIGNATURE AND TYPED C

OFFICER OR DIRECTOR

FILED