## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 14, 2005 8:00 am Secretary of State

DOCUMENT # P01000105185  1. Entity Name STEIGELMAN & ASSOCIATES, INC.								03-14-200	05 90079	9 026 ***1:	50.00
'				iling Address							
576 N BRIDGESTONE AVE JACKSONVILLE, FL 32259			576 N BRIDGESTONE AVE JACKSONVILLE, FL 32259								
								<b>11</b> (3) (11) (11) (13)	11 <b>8 5</b> 7 8 1 11 8 12 3 1		E
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				2092005	Chg-P	CR	2E034 (10/03	)
City & State		City & State			4.	FEI Numbe 59-3752				Applied For Not Applicable	
Zip Country		Zip	Cour	Country		Certificate	of Status Desire	ed 🔲	\$8.75 A Fee Regul		
	6. Name	and Address of Current	Registered Agent			7.	Name and	Address of Ne	w Registe		
LABRECQ	UE. EDW	ARD C			Name	<del></del>	<del>-</del>	_			
1202 NEBRASKA AVE PALM HARBOR, FL 34683					Street Address (P.O. Box Number is Not Acceptable)						
17(21011)	NOON, I'E	04000									
					City				-	FL Zip Co	
8. The above the obligat	named entit tions of regist	y submits this statement for tered agent.	or the purpose of chang	ging its register	ed office or reg	gistered a	agent, or bot	h, in the State o	of Florida. I	am familiar wit	h, and accept
SIGNATURE.		or printed name of registered agent	and title if applicable.	(NOTE: Registere	ed Agent signature re	equired wher	n reinstating)		DA	NTE	
		FEE IS \$150.00 5 Fee will be \$550.	l	Campaign Final d Contribution.		\$5.00 Added to	May Be o Fees		<del></del> ,	=-	
After M	ay 1, 200		OO Trust Fun	d Contribution.		Added to	o Fees	CHANGES TO	OFFICERS	AND DIRECTO	RS IN 11
10.	a <b>y 1, 200</b> :	5 Fee will be \$550. OFFICERS AND	00 Trust Fun	d Contribution.	E	Added to	o Fees	CHANGES TO	OFFICERS	AND DIRECTO	
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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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROR DIRECTOR

3/8/05 904-230-23