

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000085784 1. Entity Name LAW OFFICES OF ALLEN R. SEAMAN & ASSOCIATES, P.A.	
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Principal Place of Business
1601 BELVEDERE RD.
SUITE 506/E
W. PALM BCH, FL 33406

Mailing Address
1601 BELVEDERE RD.
SUITE 506E
W. PALM BCH, FL 33406



03012006 No Chg-P CR2E034 (11/05)

4. FEI Number 83-0367911	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fees Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SEAMAN, ALLEN R
1601 BELVEDERE RD.
SUITE 506E
W. PALM BCH, FL 33406

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000479905
04/10/06-80022-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP SEAMAN, ALLEN R 1601 BELVEDERE ROAD - SUITE 506E WEST PALM BEACH, FL 33406
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TITLE NAME STREET ADDRESS CITY-STATE-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

3/21/06

Date

561 540 3636

Daytime Phone #