


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90205 043 \*\*\*150.00

<b>DOCUMENT # 244294</b> 1. Entity Name <b>SEYMOUR BUILDING, INC.</b>					
Principal Place of Business <b>2529 SE 21 ST. FT. LAUDERDALE FL 33316 US</b>			Mailing Address <b>2529 SE 21 ST. FT. LAUDERDALE FL 33316 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip      Country			City & State Zip      Country		
4. FEI Number <b>59-6082130</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PAYNE, JOHN H 1028 NE 45TH STREET OAKLAND PARK FL 33308</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 reinstates) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PST</b> <b>SEYMOUR, CHARLES F.</b> <b>1633 RIVER LANE</b> <b>FORT LAUDERDALE FL</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>PAYNE, JOHN H</b> <b>1028 NE 45TH STREET</b> <b>OAKLAND PARK FL</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<b>SIGNATURE:</b> <i>Charles F. Seymour</i> <b>Charles F. Seymour</b> <b>4/10/07</b> <b>954.524.9714</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<i>Personal Representative</i>					

# ATTACHMENT

66014519  
#244294

IN THE CIRCUIT COURT FOR MIAMI-DADE COUNTY  
FLORIDA

IN RE: ESTATE OF  
CHARLES F. SEYMOUR,  
Deceased.

File No.:

Division:

07-09

## LETTERS OF ADMINISTRATION (single personal representative)

TO ALL WHOM IT MAY CONCERN

WHEREAS, CHARLES F. SEYMOUR, a resident of Miami-Dade County, Florida, died on January 17, 2007, owning assets in the State of Florida, and

WHEREAS, JAYE HUBER has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned circuit judge, declare JAYE HUBER duly qualified under the laws of the State of Florida to act as personal representative of the estate of CHARLES F. SEYMOUR, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

ORDERED on MAR 08 2007 2007.

Circuit Judge

NORMAN S. GERSTEIN  
CIRCUIT JUDGE

THIS ESTATE MUST BE CLOSED  
WITHIN 12 MONTHS IF NOT  
CONTESTED.

INVENTORY SHALL BE  
FILED WITHIN 60 DAYS

IN THE EVENT FLORIDA REAL ESTATE  
IS SOLD, THE NET PROCEEDS OF SALE  
SHALL BE DEPOSITED IN A COURT  
ORDERED DEPOSITORY PER F.S. 69.031

THESE LETTERS DO NOT AUTHORIZE  
ENTRY INTO ANY SAFE DEPOSIT BOX  
WITHOUT FURTHER ORDER OF COURT.

THESE LETTERS DO NOT AUTHORIZE  
THE SALE, ENCUMBRANCE OR  
BORROWING OF ANY ASSETS WITHOUT  
SPECIAL ORDER OF THE COURT

NO SALE OF ANY ASSETS  
WITHOUT SPECIAL ORDER  
OF COURT

THE PERSONAL REPRESENTATIVE SHALL PLACE ALL  
LIQUID ASSETS IN A DEPOSITORY DESIGNATED BY  
THE COURT PURSUANT TO THE F.S. 69.031.

THIS IS A FROZEN ACCOUNT WHICH  
MEANS THAT NO FUNDS CAN BE  
WITHDRAWN WITHOUT ORDER OF  
COURT.

ATTORNEY OF RECORD SHALL  
FILE RECEIPT OF ASSETS BY  
RESTRICTED DEPOSITORY(IES)  
WITHIN 30 DAYS OF ISSUANCE  
OF LETTERS.

STATE OF FLORIDA  
COUNTY OF

I, THE UNDERSIGNED, Deputy Clerk, Circuit Court, Miami-Dade County, Florida, DO HEREBY CERTIFY the within and foregoing is a true and correct copy of the original as it appears on record and file in this office of the Circuit Court, Miami-Dade County, Florida, and that same is in full force and effect.

WITNESS my hand and Seal of the Circuit Court of Miami-Dade County, Florida, this 8 day of

FILED FOR RECORD  
07 MAR -8 AM 11:10  
CIRCUIT COURT & COUNTY CLERK'S OFFICE  
MIAMI-DADE COUNTY, FLORIDA 33131