

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90050 042 \*\*\*150.00

**DOCUMENT # 415297**

1. Entity Name

STEEG & ASSOCIATES, INC.



Principal Place of Business

4157 BALTIC STR  
P.O. BOX 3, ORTEGA STATION  
JACKSONVILLE FL 32210  
US

Mailing Address

4157 BALTIC STR  
P.O. BOX 3, ORTEGA STATION  
JACKSONVILLE FL 32210  
US

**50006009**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1435545

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEEG, STEWART  
4157 BALTIC STR  
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name

Robert S. Steeg

Street Address (P.O. Box Number is Not Acceptable)

4157 Baltic Street

City

Jacksonville

FL

Zip Code  
32210

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: Robert S. Steeg, Treasurer

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

January 20, 2005

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00** May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete  
NAME STEEG, THOMAS A  
STREET ADDRESS 4157 BALTIC STREET  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE PD ☐ Delete  
NAME STEEG, STEWART B.  
STREET ADDRESS 4157 BALTIC STREET  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE VD ☐ Delete  
NAME STEEG, ELIZABETH F.  
STREET ADDRESS 4157 BALTIC STREET  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE TD ☐ Delete  
NAME STEEG, ROBERT S.  
STREET ADDRESS 4157 BALTIC STREET  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Robert S. Steeg, Trea.

January 20, 2005

Date

Daytime Phone #