

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90017 049 ***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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

STEEG, ROBERT S
4157 BALTIC STREET
JACKSONVILLE FL 32210

Name

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

City

FL

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.

March 10, 2006

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

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 VD ☒ Change ☐ Addition
NAME STEEG, THOMAS A.
STREET ADDRESS 4157 Baltic Street
CITY-ST-ZIP Jacksonville, Fla. 32210

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

TITLE S/T/D ☒ Change ☐ Addition
NAME STEEG, ELIZABETH F.
STREET ADDRESS 4157 Baltic Street, Jax., Fl. 32210
CITY-ST-ZIP

TITLE P/D ☒ Change ☐ Addition
NAME STEEG, ROBERT S.
STREET ADDRESS 4157 Baltic Street
CITY-ST-ZIP Jacksonville, Fla. 32210

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 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 an other like empowered.

SIGNATURE

Robert S. Steeg

3/10/06

904-389-5537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #