

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90242 012 ***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**

60000515



2. Principal Place of Business - No P.O. Box #
5335 Ortega Boulevard
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01052007 Chg-P CR2E034 (12/06)

City & State
Jacksonville, Florida

City & State

4. FEI Number
59-1435545

Applied For
Not Applicable

Zip Country
32210 Duval

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STEEG, ROBERT S
4157 BALTIC STREET
JACKSONVILLE, FL 32210**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
5335 Ortega Boulevard
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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **STEEG, THOMAS A**
STREET ADDRESS **4157 BALTIC STREET**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **STD** ☐ Delete
NAME **STEEG, ELIZABETH F.**
STREET ADDRESS **4157 BALTIC STREET**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **PD** ☐ Delete
NAME **STEEG, ROBERT S.**
STREET ADDRESS **4157 BALTIC STREET**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **5335 Ortega Boulevard**
CITY-ST-ZIP **Jacksonville, Fl. 32210**

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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 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:

Robert S. Steeg

Robert S. Steeg

01/05/06

(904) 389-5537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #