

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90079 021 \*\*\*158.75

**DOCUMENT # 465349**

1. Entity Name

J. B. SIDMAN & ASSOCIATES, INC.



Principal Place of Business

252 SW 12TH AVE  
113A  
DEERFIELD BCH FL 33442  
US

Mailing Address

POB 970453  
113A  
COCONUT CREEK FL 33097  
US

2. Principal Place of Business - No P.O. Box #

1700 Banks Road

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Margate, Florida

City & State

Zip

33063

Country

USA

Zip

Country

4. FEI Number

59-1676268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

SIDMAN, JOSEPH B  
252 SW 12TH AVE  
STE. 113A  
DEERFIELD BCH FL 33442

7. Name and Address of New Registered Agent

Name

JOSEPH B. SIDMAN

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

1700 Banks Road

City

Margate

FL

Zip Code

33063

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: JOSEPH B. SIDMAN/President

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**

**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: P ☐ Delete  
NAME: SIDMAN, JOSEPH B  
STREET ADDRESS: 22633 CARAVELLE CIRCLE  
CITY-ST-ZIP: BOCA RATON FL

TITLE: ST ☐ Delete  
NAME: SIDMAN, EVELYN  
STREET ADDRESS: 22633 CARAVELLE CIR  
CITY-ST-ZIP: BOCA RATON FL 33433

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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  
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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 all other like empowered.

SIGNATURE: Evelyn Sidman EVELYN SIDMAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 2007 561-393-4604

Date

Daytime Phone #