


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90003 037 \*\*\*150.00

**DOCUMENT # F01241**

1. Entity Name  
**DAVID M. FLETT AND ASSOCIATES, INC.**



Principal Place of Business      Mailing Address  
**4825 PEPPER BUSH LANE**      **4825 PEPPER BUSH LANE**  
**BOYNTON BEACH, FL 33436 US**      **BOYNTON BEACH, FL 33436 US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

02222006      Chg-P      CR2E034 (11/05)

4. FEI Number  
**59-2044660**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FLETT, DAVID M.**  
**4825 PEPPER BUSH LANE**  
**BOYNTON BEACH, FL 33436**

**7. Name and Address of New Registered Agent**

Name  
**Seymour-Flett, Karen**

Street Address (P.O. Box Number is Not Acceptable)  
**4825 Pepper Bush Lane**

City      State      Zip Code  
**Boynton Beach      FL      33436**

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: *Karen Seymour-Flett*      DATE: 4/4/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDT</b> <b>FLETT, DAVID M</b> <b>4825 PEPPER BUSH LANE</b> <b>BOYNTON BEACH, FL 33436</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>SEYMOUR-FLETT, KAREN</b> <b>4825 PEPPER BUSH LANE</b> <b>BOYNTON BEACH, FL 33436</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SEYMOUR, MARK W., JR.</b> <b>4825 PEPPER BUSH LANE</b> <b>BOYNTON BEACH, FL 33436</b>	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDST</b> <b>Seymour-Flett, Karen</b> <b>4825 Pepper Bush Lane</b> <b>Boynton Beach, FL 33436</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: *Karen Seymour-Flett*      DATE: 4/4/06      DAYTIME PHONE #: 561-483-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR