## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 11, 2006 8:00 am Secretary of State

								•		
DOCUMENT # F0400004113  1. Entity Name SENECA REALTY COMPANY							07-11-20	06 90021	002 ***1	50.00
Principal Place	e of Business	Mailing Address				4 # 9				
1148 OLD FREEPORT ROAD PITTSBURG, FL 15238		P.O. BOX 111325 PITSBURGH, PA 15238					400984	13		
		<u> </u>								
Principal Place of Business     1148 Old Freeport Road Suite, Apt. #, etc.		3. Mailing Address								
		Suite, Apt. #, etc.				07052006 Chg-P CR2E034 (11/05)				
City & State	e	City & State			4. FEI Numbe	er		Ap	plied For	
Pittsburgh, PA				<u>.</u>	25-		1610		No	t Applicable
Zip 1523:8	Country	Zip	Countr	гу		5. Certificate	of Status Desired		\$8.75 Add Fee Requires	
	6. Name and Address of Current R	egistered Agent				7. Name and	Address of New	Registered	Agent	
SUBMISSO SUBMO MOOSPODATED				Name						
	S FILINGS INCORPORATED ERNORS SQUARE BLVD			Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
_	SSEE, FL 32301-2960									
	·			City				FL	Zip Code	9
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistere	d office or	register	ed agent, or bo	th, in the State of f	Florida. I am	familiar with,	and accept
•	<b>3</b>									
SIGNATURE	Signature, typed or printed name of registered agent ar	nd trie if applicable. (NOTE:	Registered	Agent signatur	re required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00  Due by September 6, 2006  9. Election Campaign Fina Trust Fund Contribution				cing		55.00 May Be dded to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10.	OFFICERS AND D	DIRECTORS	11.			ADDITIONS/	CHANGES TO OF	FFICERS AND	DIRECTORS	S IN 11
TITLE	DPST	☐ Delete 717		DPS					XXChange	Addition
NAME	BRODY, DAVID E	, NA		<b>I</b>		dy, Da	vid E.			
STREET ADDRESS	1148 OLD FREEPORT			EET ADDRESS   114			Freeport	t Road	i E	
CITY-ST-ZIP	PITTSBURG, FL 15238		-	ST-ZiP			h, PĀ .			
TITLE		☐ Delete	TITLE						Change	Addition
NAME STREET ADDRESS		<b>K</b>		T ADDRESS						
CITY-ST-ZIP	<b>.</b>			ST-ZIP						
TITLE		☐ Delete TITL							☐ Change	Addition
NAME		D0.0.0								_
STREET ADDRESS		4		T ADDRESS						
CITY-ST-ZIP				ST-ZIP						
TITLE		☐ Delete TITI							Change	Addition Addition
NAME Street address		į		NAME STREET ADDRESS						
CITY-ST-ZIP				ST-ZIP			•			
TITLE		☐ Delete	TITLE	- 1		-			☐ Change	Addition
NAME			NAME	- 1						
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP						
TITLE		☐ Delete	TITLE						☐ Change	. 🔲 Addition
NAME			NAME	I						
STREET ADORESS				T ADDRESS						
CITY-ST-ZIP	<b>!</b>		i Gi Y−	ST-ZIP						

12. I hereby certify that the information supplied with this filling 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 of 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: \_

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/2006

412-731-089

Daytme Phone #