

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90216 039 \*\*\*150.00

**DOCUMENT # F99000001106**

1. Entity Name  
**IRWIN SIEGEL AGENCY INC.**



Principal Place of Business  
**PO BOX 309  
25 LAKE LOUISE MARIE RD.  
ROCK HILL, NY 12775**

Mailing Address  
**PO BOX 309  
25 LAKE LOUISE MARIE RD.  
ROCK HILL, NY 12775**

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

3. Mailing Address  
**P.O. Box 309**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Rock Hill, NY**

Zip

Country

Zip  
**12775**

Country  
**USA**

01032007 Chg-P CR2E034 (12/06)

4. FEI Number  
**14-1624703**

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
SIEGEL, HOWARD A  
25 LAKE LOUISE MARIE RD, PO BOX 248  
ROCK HILL, NY 12775** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VPST  
SIEGEL, MARCIA  
126 LAKE SHORE DRIVE WEST  
ROCK HILL, NY 12775** ☐ Delete

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

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/2007

Date

845-796-3400

Daytime Phone #