


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

|  |   |   |
|--|---|---|
| <b>DOCUMENT # J76862</b><br>1. Entity Name<br><b>MIKE SELIG &amp; ASSOCIATES, INC.</b> |   |  |
| Principal Place of Business<br><b>200 WILLARD ST #2B<br/>COCOA, FL 32922-7955</b>      | Mailing Address<br><b>200 WILLARD ST #2B<br/>COCOA, FL 32922-7955</b> |   |



01152007 No Chg-P CR2E034 (11/05)

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|   |  |
|---|--|
| 4. FEI Number<br><b>59-2819643</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b>              |

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

**SELIG, WILLIAM M.  
200 WILLARD ST  
SUITE 2B  
COCOA, FL 32922**

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IN THIS SPACE**

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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DP<br>SELIG, WILLIAM M.<br>200 WILLARD ST 2B<br>COCOA, FL 32922 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
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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  **William M. Selig** 1/18/07 321-639-1111 Ext 15  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #