


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # K15132	
1. Entity Name STEINBERG & ASSOCIATES, INC.	

Principal Place of Business 6162 SEA GRASS LN NAPLES, FL 34116 US	Mailing Address 6162 SEA GRASS LN NAPLES, FL 34116 US
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DO NOT WRITE IN THIS SPACE



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0042217	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHWEIKHARDT, WILLIAM 900 SIXTH AVENUE, SOUTH SUITE 203 NAPLES, FL 33940
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**DO NOT WRITE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEINBERG, DALE H. 1313 PELICAN AVE. NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEINBERG, JOYCE B 1313 PELICAN AVE. NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SILIC, QUENTIN M 6162 SEA GRASS LN NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/01/07-80117-020 150.00

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:  Quentin M. Silic MAK 4-19-07 239-352-9939
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
<small>Date</small> 4-19-07 <small>Daytime Phone #</small>