


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90169 008 \*\*\*158.75

<b>DOCUMENT # K34770</b> 1. Entity Name <b>SEYFRIED &amp; ASSOCIATES, INC.</b>					
Principal Place of Business <b>1511 N.W. 182ND TERRACE</b> <b>PEMBROKE PINES, FL 33029 US</b>			Mailing Address <b>1511 N.W. 182ND TERRACE</b> <b>PEMBROKE PINES, FL 33029 US</b>		
2. Principal Place of Business <b>179 IROQUOIS DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>179 IROQUOIS DRIVE</b> Suite, Apt. #, etc.			
City & State <b>ISLAMORADA, FL</b> Zip <b>33036</b> Country <b>U.S.A.</b>		City & State <b>ISLAMORADA, FL</b> Zip <b>33036</b> Country <b>U.S.A.</b>		4. FEI Number <b>65-0071105</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>SEYFRIED, NANCY LAND</b> <b>1511 NW 182 TERR</b> <b>PEMBROKE PINES, FL 33029</b>			7. Name and Address of New Registered Agent Name <b>NANCY LAND SEYFRIED</b> Street Address (P.O. Box Number is Not Acceptable) <b>179 IROQUOIS DRIVE</b> City <b>ISLAMORADA</b> <b>FL</b> Zip Code <b>33036</b>		
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 <u><i>Nancy Land Seyfried</i></u> <b>NANCY LAND SEYFRIED</b> <b>3/1/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SEYFRIED, SCOTT 1511 NW 182 TERR PEMBROKE PINES, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SEYFRIED, NANCY 1511 NW 182 TERR PEMBROKE PINES, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Nancy L Seyfried</i></u> <b>NANCY L. SEYFRIED</b> <b>3/1/05</b> <b>954-704-3717</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		