

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # K34770**

1. Entity Name  
**SEYFRIED & ASSOCIATES, INC.**



Principal Place of Business  
**179 IROQUOIS DRIVE  
ISLAMORADA, FL 33036 US**

Mailing Address  
**179 IROQUOIS DRIVE  
ISLAMORADA, FL 33036 US**



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0071105**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

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

**SEYFRIED, NANCY LAND  
179 IROQUOIS DRIVE  
ISLAMORADA, FL 33036**

**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 \_\_\_\_\_

Signature typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when certifying)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

000000789677  
01/23/08-80003-003 158.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD SEYFRIED, SCOTT 179 IROQUOIS DRIVE ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS SEYFRIED, NANCY 179 IROQUOIS DRIVE ISLAMORADA, FL 33036
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**DO NOT WRITE  
IN THIS SPACE**

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:** Nancy L. Seyfried **NANCY L. SEYFRIED** 1/15/08 305-517-2748  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #