

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90142 039 ***158.75

DOCUMENT # K41906

1. Entity Name
SEYPAR, INC.



Principal Place of Business
**102 NORTH SWINTON AVE
DELRAY BEACH, FL 33444 US**

Mailing Address
**P.O. BOX 7538
DELRAY BEACH, FL 33482-7538 US**



02102005 No Chg-P. CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0087917

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHACHER, SELMA A
155 FLANDERS D
DELRAY BEACH, FL 33482-7538**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PARISER, PAUL S
STREET ADDRESS	3590 S. OCEAN BLVD #209 P O Box 7538
CITY-ST-ZIP	WEST PALM BEACH, FL 33480-Delray Beach FL 33482
TITLE	SD
NAME	REID, LUCIE S
STREET ADDRESS	P.O. BOX 7538
CITY-ST-ZIP	DELRAY BEACH, FL 334827538
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	Paul S Pariser
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/05 406-995-3318