

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # K81901 1. Entity Name GUY J. SELIGMAN, P.A.																										
Principal Place of Business 320 SE 9 ST FT LAUDERDALE FL 33316 US			Mailing Address 320 SE 9TH ST FT LAUDERDALE FL 33316 US																							
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																							
4. FEI Number 65-0115186			Applied For Not Applicable																							
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required																							
6. Name and Address of Current Registered Agent SELIGMAN, GUY 320 SE 9TH ST FT LAUDERDALE FL 33316			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																							
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																							
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:10%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>SELIGMAN, GUY J.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>320 SE 9TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT LAUDERDALE FL</td> <td></td> </tr> </table>			TITLE	D	☐ Delete	NAME	SELIGMAN, GUY J.		STREET ADDRESS	320 SE 9TH ST		CITY-ST-ZIP	FT LAUDERDALE FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1100000457344</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>03/16/06 80064-021 150.00</td> <td></td> </tr> </table>			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	1100000457344		CITY-ST-ZIP	03/16/06 80064-021 150.00	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 3405