## **2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

SIGNATURE:

## May 05, 2006 8:00 am Secretary of State DOCUMENT # P00000106275 1. Entity Name 05-05-2006 90156 030 \*\*\*150.00 S & E SZEPESI, INC. Mailing Address Principal Place of Business 8133 RONDA COURT NAPLES FL 34109 P.O. BOX 366 NAPLES FL 34106 2. Principal Place of Business 3. Mailing Address 8133 ROMON COURT P.O. BUX 366 Suite, Apt. #, etc. Suite, Apt, #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3682545 MAPLES.FL HAPLES, FL Not Applicable Country Country \$8.75 Additional 34109 5. Certificate of Status Desired 4.5.7 4.5A. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SZEPESI, STEVEN Street Address (P.O. Box Number is Not Acceptable) 8133 RONDA COURT NAPLES FL 34109 Zip Code 8. The above gamed 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 roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Ð. TITLE ☐ Delete TITLE Change Addition SZEPES, STEVEN 8133 ROMAN COURT NAME SZEPESI, STEVEN NAME STREET ADDRESS STREET ADDRESS 2097 TRADE CENTER WAY HAPLES, FL. 34109 CITY-ST-7IP NAPLES FL 34109 City-ST-7IP TITLE Delete TITLE Change ☐ Addition SZEPES, ENT NAME SZEPESI, EVA NAME 8133 ROMON COURT STREET ADDRESS 2097 TRADE CENTER WAY STREET ADDRESS MAPLES, FL. 34109 CITY-ST-7IP NAPLES FL 34109 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP 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 trusted 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.

STEVEN SZEPESI 04-25-06

**FILED**