

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90322 042 ***150.00

DOCUMENT # P01000019841 1. Entity Name SEELMAN REAL ESTATE, INC.					
Principal Place of Business 7010 SOMERTON BLVD ORLANDO, FL 32819			Mailing Address 7010 SOMERTON BLVD ORLANDO, FL 32819		
2. Principal Place of Business 6104 TARAWOOD DR Suite, Apt. #, etc.		3. Mailing Address 6104 TARAWOOD DR Suite, Apt. #, etc.			
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 59-3704917	
Zip 32819		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEELMAN, AMY B 7010 SOMERTON BLVD ORLANDO, FL 32819			7. Name and Address of New Registered Agent Name AMY B SEELMAN Street Address (P.O. Box Number is Not Acceptable) 6104 TARAWOOD DRIVE City ORLANDO FL 32819		
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>Amy B Seelman</i></u> AMY B. SEELMAN 4/11/05 Signature, typed or printed name of registered agent and if applicable, (NOTE: Registered Agent signature required when reconstituting) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SEELMAN, AMY B 7010 SOMERTON BLVD ORLANDO, FL 32819		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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>Amy B Seelman</i></u> AMY B. SEELMAN 4/11/05 407-909-8866 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					