

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000079299

1. Entity Name
STIEFEL & ASSOCIATES, INC.



Principal Place of Business
**4122 MARQUETTE AVENUE
JACKSONVILLE, FL 32210**

Mailing Address
**4122 MARQUETTE AVENUE
JACKSONVILLE, FL 32210**

DO NOT WRITE IN THIS SPACE



03272006 No Chg-P CRZE034 (11/05)

4. F.E.I. Number
03-0475057

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STIEFEL, CLARENCE E
4122 MARQUETTE AVENUE
JACKSONVILLE, FL 32210**

**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 renouncing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PT
STIEFEL, CLARENCE E
4122 MARQUETTE AVE
JACKSONVILLE, FL 32210**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPS
STIEFEL, FRANCES G
4122 MARQUETTE AVE
JACKSONVILLE, FL 32210**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

000000484784
04/12/06-80057-011 150.00

**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: *Clarence E. Stiefel* **CLARENCE E. STIEFEL 3-27-06 904-389-0150**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **MPES** Date Daytime Phone