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

## Apr 04, 2006 8:00 am Secretary of State DOCUMENT # P02000110901 1. Entity Name STEPHEN GEORGE & ASSOCIATES, INC. 04-04-2006 90048 044 \*\*\*150.00 Principal Place of Business Mailing Address 500 SOUTH CYPRESS ROAD 500 SOUTH CYPRESS ROAD POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address 5a<u>m</u>€ Same Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 43-1981139 Not Applicable Zip Country Broward \$8.75 Additional 5. Certificate of Status Desired Broway Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GEORGE, STEPHEN'E 511 N.E. 7TH STREET Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33060 City 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 agents: SIGNATURE Signature, typed or printed name ofling stered agent and little if applicable (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. -- OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition NAME GEORGE, STEPHEN E NAME STREET ADDRESS 511 N.E. 7TH STREET STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33060 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition MAME GEORGE, JACQUELINE L MAME STREET ADDRESS 511 N.E. 7TH STREET STREET ADDRESS POMPANO BEACH FL 33060 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE Change Addition MALO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THUE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling 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 addirect. - President

SIGNATURE: