


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2007 8:00 am**  
**Secretary of State**

07-05-2007 90057 007 \*\*\*150.00

<b>DOCUMENT # P02000110901</b> 1. Entity Name <b>STEPHEN GEORGE &amp; ASSOCIATES, INC.</b>					
Principal Place of Business <b>500 SOUTH CYPRESS ROAD POMPANO BEACH, FL 33060</b>			Mailing Address <b>500 SOUTH CYPRESS ROAD POMPANO BEACH, FL 33060</b>		
2. Principal Place of Business - No P.O. Box # <i>Same as above</i>		3. Mailing Address <i>Same as above</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>43-1981139</b>	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
<b>GEORGE, STEPHEN E 511 N.E. 7TH STREET POMPANO BEACH, FL 33060</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GEORGE, STEPHEN E 511 N.E. 7TH STREET POMPANO BEACH, FL 33060</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP GEORGE, JACQUELINE L 511 N.E. 7TH STREET POMPANO BEACH, FL 33060</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <i>Stephen George</i>			Date <b>6/20/07</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

www.sos.org

## Division of Corporations

ATTACHMENT

Annual Report

40122763

Annual Report Help

Document Number

P02000110901

Business Entity Name

STEPHEN GEORGE &amp; ASSOCIATES, INC.

FEI Number

431981139

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Principal Place of Business

Address

500 SOUTH CYPRESS ROAD

Suite, Apt. #, etc.

City, State

POMPANO BEACH

, FL

Zip Code &amp; Country 33060

## Mailing Address

Address

500 SOUTH CYPRESS ROAD

Suite, Apt. #, etc.

City, State

POMPANO BEACH

, FL

Zip Code &amp; Country 33060

## Name and Address of Registered Agent

Name (Last, First, Middle, Title)

GEORGE

STEPHEN

, E

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 511 N.E. 7TH STREET

Suite, Apt. #, etc.

City, State

POMPANO BEACH

, FL

Zip Code &amp; Country

33060

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

**ATTACHMENT**

40122763

#P02000110901

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title P  
Name (Last, First, Middle, Title) GEORGE , STEPHEN , E ,

**- OR -**

Entity Name to serve as  
Officer/Director

Street Address 511 N.E. 7TH STREET  
City, State POMPANO BEACH , FL  
Zip Code & Country 33060

Title VP  
Name (Last, First, Middle, Title) GEORGE , JACQUELINE , L ,

**- OR -**

Entity Name to serve as  
Officer/Director

Street Address 511 N.E. 7TH STREET  
City, State POMPANO BEACH , FL  
Zip Code & Country 33060

Title  
Name (Last, First, Middle, Title) , , ,

**- OR -**

Entity Name to serve as  
Officer/Director

Street Address  
City, State ,  
Zip Code & Country

Title  
Name (Last, First, Middle, Title) , , ,

**- OR -**

Entity Name to serve as  
Officer/Director

ATTACHMENT

40122763  
# 02000110901

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

Vice-President  
Jackie George

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset

Start Over



ATTACHMENT

40122763

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 4, 2007

STEPHEN GEORGE & ASSOCIATES, INC.  
500 SOUTH CYPRESS ROAD  
POMPANO BEACH, FL 33060

SUBJECT: STEPHEN GEORGE & ASSOCIATES, INC.  
Ref. Number: P02000110901

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap  
Document Specialist Supervisor

Letter Number: 607A00031510

*I spoke to Ulah and told her I was out of town. I had two deaths in family. My office called to let me know I received damaged mail on June 6th. That was your envelope. I filled out the form I got off your website when Ulah 6/17 2:40 PM I originally sent my check in. It is the same form you sent me back & a blank one. I*