

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90066 043 ***150.00

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1. Entity Name

MICHAEL A. SEYMOUR & ASSOCIATES, INC.



Principal Place of Business

**7071 58TH STREET NORTH
PINELLAS PARK FL 33781-4202**

Mailing Address

**7071 58TH STREET NORTH
PINELLAS PARK FL 33781-4202**

2. Principal Place of Business

6509 33 Ave NO

Suite, Apt. #, etc.

3. Mailing Address

6509 33 Ave NO

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

Zip

33710

Country

USA

Zip

33710

Country

USA

4. FEI Number

20 055 4493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KAUFFMAN, JAY E
6526 CENTRAL AVENUE
ST PETERSBURG FL 33707**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P/D ☐ Delete
NAME SEYMOUR, MICHAEL A
STREET ADDRESS 7071 58TH STREET NORTH
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE S/T ☐ Delete
NAME SEYMOUR, BONNIE
STREET ADDRESS 7071 58TH STREET NORTH
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6509 33rd Ave No
CITY-ST-ZIP St. Pete, FL 33710

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6509 33rd Ave No
CITY-ST-ZIP St. Pete, FL 33710

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-05 727 347 3688