


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-02-2005 90066 043 ***150.00

DOCUMENT # P04000005192

1. Entity Name
MICHAEL A. SEYMOUR & ASSOCIATES, INC.



Principal Place of Business Mailing Address

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

2. Principal Place of Business 3. Mailing Address

6509 33 Ave No **6509 33 Ave No**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

ST PETERSBURG FL **ST PETERSBURG FL**

Zip Country Zip Country

33710 **USA** **33710** **USA**

4. FEI Number Applied For

20 055 4493 Not Applicable

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



1st MOORE CR2E034 (10/04)

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 **\$5.00 May Be**
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> Delete
NAME	SEYMOUR, MICHAEL A	
STREET ADDRESS	7071 58TH STREET NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	SEYMOUR, BONNIE	
STREET ADDRESS	7071 58TH STREET NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6509 33rd Ave No	
CITY-ST-ZIP	St. Pete, FL 33710	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6509 33rd Ave No	
CITY-ST-ZIP	St. Pete, FL 33710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: MICHAEL A. SEYMOUR Date: 1-26-05 Daytime Phone #: 727 347 3688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #