

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000005192

1. Entity Name

MICHAEL A. SEYMOUR & ASSOCIATES, INC.



Principal Place of Business

6509 33 AVE NORTH
SAINT PETERSBURG, FL 33710

Mailing Address

6509 33 AVE NORTH
SAINT PETERSBURG, FL 33710



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0554493

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

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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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P/D
NAME SEYMOUR, MICHAEL A
STREET ADDRESS 6509 33RD AVE NORTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33710

TITLE S/T
NAME SEYMOUR, BONNIE
STREET ADDRESS 6509 33RD AVE NORTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33710

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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U00000795502
01/28/08-80050-019 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-08 727 3473688

Date

Daytime Phone #