

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90039 022 ***150.00

DOCUMENT # P10032

1. Entity Name

THE OFFICE OF SIGMUND BLUM AND ASSOCIATES,
INC.



Principal Place of Business

Mailing Address

562 CORMORANT COVE
NAPLES FL 34113

562 CORMORANT COVE
NAPLES FL 34113

2. Principal Place of Business

3. Mailing Address

285 GRANDE WAY

285 GRANDE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1101

1101

City & State

City & State

NAPLES FLA.

NAPLES FLA.

Zip

Country

Zip

Country

34110

COLLIER

34110

COLLIER



1st MOORE

CR2E034 (10/04)

4. FEI Number

38-1951943

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLUM, CARLOTTA
562 CORMORANT COVE
NAPLES FL 33962

Name

BLUM CARLOTTA

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

285 GRANDE WAY APT 1101

City

NAPLES

FL

Zip Code

34110

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 **CARLOTTA BLUM**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/05

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **BLUM, SIGMUND F**
CITY-ST-ZIP **562 CORMORANT COVE
NAPLES FL 34113**

TITLE ☐ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **BLUM SIGMUND F**
CITY-ST-ZIP **285 GRANDE WAY
NAPLES FL 34110**

TITLE ☐ Delete
NAME **VPS**
STREET ADDRESS **BLUM, ALEXANDER**
CITY-ST-ZIP **625 ROUND HILL RD.
GREENWICH CT 06831**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Sigmund F Blum

SIGMUND F BLUM

1/26/05 (239) 594 7188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #