

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P10032	
1. Entity Name THE OFFICE OF SIGMUND BLUM AND ASSOCIATES, INC.	
Principal Place of Business 285 GRANDE WAY 1101 NAPLES, FL 34110	Mailing Address 285 GRANDE WAY 1101 NAPLES, FL 34110



07282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-1951943	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

BLUM, CARLOTTA
285 GRANDE WAY
1101
NAPLES, FL 34110

**DO NOT WRITE
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 \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLUM, SIGMUND F 285 GRANDE WAY #1101 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BLUM, ALEXANDER 625 ROUND HILL RD. GREENWICH, CT 06831
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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08/22/06-80001-002 550.00

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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: *Sigmund Blum* **SIGMUND BLUM** *8/21/2006* **239 594 7188**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #