


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000049724 1. Entity Name SEYMOUR S. STEIN, PH.D., P.E. & ASSOCIATES, INC.	
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Principal Place of Business 5200 N OCEAN DR 21 A SINGER ISLAND, FL 33404	Mailing Address 5200 N OCEAN DR 21 A SINGER ISLAND, FL 33404
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DO NOT WRITE IN THIS SPACE



07272006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0455953	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEIN, SEYMOUR S
 5200 N. OCEAN DR., #21A
 SINGER ISLAND, FL 33404

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 _____

U00000575501
 08/29/06-80005-004 150.00
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIN, SEYMOUR S 5200 N OCEAN DR #21A SINGER ISLAND, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIN, LUCILLE R 5200 N OCEAN DR #21A SINGER ISLAND, FL 33404
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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: *Seymour S Stein* 8/28/06 4402934064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #