


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000049724 1. Entity Name SEYMOUR S. STEIN, PH.D., P.E. & ASSOCIATES, INC.		
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	
DO NOT WRITE IN THIS SPACE		
<div style="display: flex; justify-content: space-between;"> 04252007 No Chg-P CR2E034 (11/05) </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> 4. FEI Number 65-0455953 </div> <div style="border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> 5. Certificate of Status Desired <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px;"> \$8.75 Additional Fee Required </div> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
U00000741565 05/15/07-80033-021 150.00		
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	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Seymour S. Stein</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
<small>Date: _____ Daytime Phone #: _____</small>		