

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90083 043 ***158.75

DOCUMENT # P95000098077

1. Entity Name
KAREN J. SELIGMAN, INC.



Principal Place of Business
**7865 SOUTHSIDE BOULEVARD
JACKSONVILLE, FL 32256**

Mailing Address
**7865 SOUTHSIDE BOULEVARD
JACKSONVILLE, FL 32256**

44033600



DO NOT WRITE IN THIS SPACE

04202004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3363305

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBINSON, MARY A
1 INDEPENDENT DRIVE
SUITE 2600
JACKSONVILLE, FL 32202**

**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 \$150.00
After May 1, 2004 Fee will be \$550.00**

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
**D
SELIGMAN, KAREN
7865 SOUTHSIDE BLVD
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

Karen J. Seligman
KAREN J. SELIGMAN

4/20/04
Date

904 6421259
Daytime Phone #