


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000039460 1. Entity Name SELIGMAN FAMILY INVESTMENTS, INC.	
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Principal Place of Business 469 WOLDJUNN CIR. LAKE MARY, FL 32746	Mailing Address PO BOX 952948 LAKE MARY, FL 32795-2948
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0762584	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

ASARCH, STEVEN J
 1900 N.W. CORPORATE BLVD.
 SUITE 400 EAST
 BOCA RATON, FL 33431-8512

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	PD SELIGMAN, HARRY L P.O. BOX 952948 LAKE MARY, FL 327952948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SOLOMON, ALLAN B 2200 NW CORPORATE BLVD #310 BOCA RATON, FL 33431
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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: Harry Seligman Harry Seligman 03/23/07 407-330-9373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #