

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # P97000042331

1. Entity Name

**SELLERS ONLY REAL ESTATE BROKERAGE
CORPORATION**



Principal Place of Business

125 E. BOYNTON BCH. BLVD.
BOYNTON BEACH FL 33435

Mailing Address

125 E. BOYNTON BCH. BLVD.
BOYNTON BEACH FL 33435



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0841112

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMONTAGNE, KEVIN M
125 E. BOYNTON BCH. BLVD.
BOYNTON BEACH FL 33435

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007, Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PSTD
LAMONTAGNE, KEVIN M ☐ Delete
STREET ADDRESS 4568 ELLWOOD DRIVE
CITY- ST- ZIP DELRAY BEACH FL 33445

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP 000000696402
04/17/07-80099-014 150.00

TITLE
NAME V
STEUBER, PATRICIA ☐ Delete
STREET ADDRESS 4568 ELLWOOD DRIVE
CITY- ST- ZIP DELRAY BEACH FL 33445

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Kevin M. LaMontagne* Kevin M. LaMontagne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/07

Date

561-732-7370

Daytime Phone #