

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 10 PM 6:36

DOCUMENT # P98000048528

1. Entity Name
STEINMAN & STEINMAN, INC.



Principal Place of Business
1191-B EGLIN PKWY
SHALIMAR, FL 32579

Mailing Address
1191-B EGLIN PKWY
SHALIMAR, FL 32579



02122004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3514566

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FLEET, H. BART
FLEET, SPENCER, MARTIN & KILPATRICK, PA
1104 EGLIN PARKWAY
SHALIMAR, FL 32579-0000

**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 D
NAME STEINMAN, MARC
STREET ADDRESS 1191-B EGLIN PKWY
CITY-ST-ZIP SHALIMAR, FL 32579

TITLE D
NAME HENDERSON, MARA
STREET ADDRESS 1191-B EGLIN PKWY
CITY-ST-ZIP SHALIMAR, FL 32579

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

800030325238
03/12/04--01006--005 **150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARC S STEINMAN

Date

3/4/04

Daytime Phone #

(850)651-0004