

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90033 030 ***150.00

DOCUMENT # P98000053131

1. Entity Name
SEIN REALTY CORP.



Principal Place of Business
**5042 CROSS POINTE DR
OLDSMAR, FL 34677**

Mailing Address
**P.O. BOX 270
OLDSMAR, FL 34677-0270**

60018904



02142006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. BOX 270

Suite, Apt. #, etc.

City & State

Oldsmar, FL

City & State

Zip

34677

Country

USA

Zip

Country

4. FEI Number

59-3517360

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COLL, MARTA SEIN
5042 CROSS POINTE DR.
OLDSMAR, FL 34677**

7. Name and Address of New Registered Agent

Name

MARTA S. COLL

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

10 Ivy Terrace

City

Oldsmar,

FL

Zip Code

34677

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, 2006 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
COLL, MARTA SEIN
5042 CROSS POINTE DR.
OLDSMAR, FL 34677**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**10 Ivy Terrace
Oldsmar, FL 34677**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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: **Marta S. Coll, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/06

Date

(727) 772-8555

Daytime Phone #

MARTA S. COLL