2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000070884

Entity Name: SEALFON & ASSOCIATES, INC

FILED Jun 29, 2005 Secretary of State

| Entity Nam | IE: SEALFO | N & ASSOCIATES, INC. | | | |
|--|---|---|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | of Business: | |
| 8805 TAMIA 130 | | | | | |
| NAPLES, F | L 34108 | | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| 8805 TAMIA 130 NAPLES, F | | | | | |
| FEI Number: | 59-3528693 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| SCHWEIKHARDT, WILLIAM 900 SIXTH AVENUE, SOUTH #203 NAPLES, FL 34102 US | | | | | |
| The above in the State | | submits this statement for the pu | rpose of changing its registere | ed office or registered agent, or both, | |
| SIGNATUR | E: | | | | |
| | Electron | nic Signature of Registered Agen | t | Date | |
| | | 3(2)(b), F.S., the corporation did not g Trust Fund Contribution (). | receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P (SEALFON, PEG 2220 ARIELLE NAPLES, FL 3 | DRIVE #2001 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | SCHNOOR, OL | TRAIL EAST #514 | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEGGY SEALFON MS. 06/29/2005