

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90320 032 ***150.00

DOCUMENT # 367019

1. Entity Name

SEIBELS ENTERPRISES, INC.



Principal Place of Business

75 FAIRWAY DR.
BIRMINGHAM AL 35213

Mailing Address

75 FAIRWAY DR.
BIRMINGHAM AL 35213

54030951



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

63-0587975

Applied For

Not Applicable

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

ESTES, CODY
3705 20TH ST
VERO BEACH FL 32960

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, 2004 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

TITLE	P	☐ Delete
NAME	SEIBELS, H.G. JR	
STREET ADDRESS	75 FAIRWAY DRIVE	
CITY-ST-ZIP	BIRMINGHAM AL 35213	
TITLE	V	☐ Delete
NAME	SEIBELS III, HENRY G	
STREET ADDRESS	3924 GLENCOE DRIVE	
CITY-ST-ZIP	BIRMINGHAM AL 35213	
TITLE	V	☐ Delete
NAME	SEIBELS, EDMUND K	
STREET ADDRESS	2871 BALMORAL RD	
CITY-ST-ZIP	BIRMINGHAM AL 35223	
TITLE	ST	☐ Delete
NAME	SEIBELS, FRANCES E	
STREET ADDRESS	75 FAIRWAY DR.	
CITY-ST-ZIP	BIRMINGHAM AL 35213	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

H.G. Seibels, Jr. (H.G. SEIBELS, JR.)

Date

Daytime Phone #

4/10/04 205-879-3941