

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 552426

1. Entity Name
SIEGFRIED, INC.



Principal Place of Business
2600 E ROBINSON ST.
ORLANDO, FL 32803 US

Mailing Address
2600 E ROBINSON ST.
ORLANDO, FL 32803 US

FILED
Apr 21, 2004 08:00 AM
Secretary of State



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1786277

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SIEGFRIED, JEAN E.
2600 E. ROBINSON ST.
ORLANDO, FL 32803

**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

1000000122540
04/21/04-80032-019 150.00

10. OFFICERS AND DIRECTORS

TITLE VS
NAME SIEGFRIED, STEVEN C
STREET ADDRESS 1048 N. KENTUCKY
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE PDT
NAME SIEGFRIED, JEAN
STREET ADDRESS 1321 SUFFOLK RD
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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: Jean E. Siegfried, Pres. Jean E. Siegfried 1/19/04 407 394-2521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #