


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90046 024 ***150.00

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1. Entity Name
SLIGER & ASSOCIATES, INC.



Principal Place of Business
**3921 NOVA ROAD
 PORT ORANGE, FL 32127**

Mailing Address
**3921 NOVA ROAD
 PORT ORANGE, FL 32127**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

**SLIGER, STEPHEN B
 3921 NOVA ROAD
 PORT ORANGE, FL 32127**



03202006 Chg-P CR2E034 (11/05)

4. FEI Number
59-1976051

Applied For
 Not Applicable

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

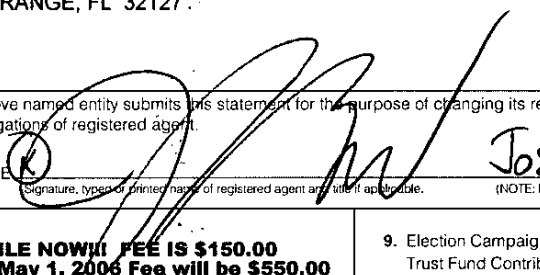
7. Name and Address of New Registered Agent

Name
JOSEPH E ZAPERT

Street Address (P.O. Box Number is Not Acceptable)
3921 NOVA ROAD

City
PORT ORANGE FL Zip Code
32127

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  **JOSEPH E ZAPERT** **03/31/06**
(Signature, typed or printed name of registered agent and agent if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	Delete
PSTD	SLIGER, STEPHEN B	3921 NOVA ROAD	PORT ORANGE, FL 32127	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	JOSEPH E ZAPERT	3921 NOVA ROAD	PORT ORANGE FL 32127	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	STEVEN T KRUGER	3921 NOVA ROAD	PORT ORANGE FL 32127	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	WILLIAM M BARBER	3921 NOVA ROAD	PORT ORANGE FL 32127	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	DIONE S BAZILE	3921 NOVA ROAD	PORT ORANGE FL 32127	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	LEA F JOHNSON	3921 NOVA ROAD	PORT ORANGE FL 32127	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	J RONNIE BLEDSOE	3921 NOVA ROAD	PORT ORANGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:  **JOSEPH E ZAPERT** **03/31/06** **(386) 761-5385**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #