


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000064555
 1. Entity Name
 THE SPIEGLE GROUP, INC.



Principal Place of Business
 930 BLANDING BLVD
 ORANGE PARK, FL 32068

Mailing Address
 4101 SADDLEHORN TRAIL
 MIDDLEBURG, FL 32068



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3659143	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

SPIEGLE, ROBERT
 4101 SADDLEHORN TRAIL
 MIDDLEBURG, FL 32068

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	P SPIEGLE, ROBERT 4101 SADDLEHORN TRAIL MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS SPIEGLE, MELISSA 4101 SADDLEHORN TRAIL MIDDLEBURG, FL 32068
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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: *Robert Spigle* 1-18-05 904 2761653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #