

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000080369 1. Entity Name SEIBLER ENTERPRISES, INC.	
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Principal Place of Business 226 PALM COAST PARKWAY NE PALM COAST, FL 32164	Mailing Address 226 PALM COAST PARKWAY NE PALM COAST, FL 32164
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DO NOT WRITE IN THIS SPACE

	
04032004 No Chg-P CR2E034 (10/03)	
4. FCI Number 59-3737976	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SEIBLER, WOLFGANG JR. 14 WINTERLING PLACE PALM COAST, FL 32164	DO NOT WRITE IN THIS SPACE
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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 _____

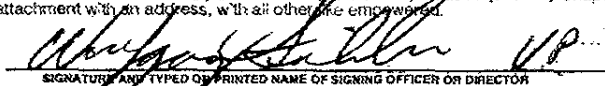
SIGNATURE _____
Signature, typed or printed name of registered agent and fee if applicable (ELECTRONIC signature required when filing online) DATE

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	U000000105641 04/07/04-80033-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P SEIBLER, MAUREEN 14 WINTERLING PLACE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY ST ZIP	V SEIBLER, WOLFGANG JR. 14 WINTERLING PLACE PALM COAST, FL 32164
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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:  4-5-04 386-445-3706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE TIME PHONE