


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 240767**  
 1. Entry Name  
**WIGGINS ENTERPRISES, INC.**



Principal Place of Business 3460 N. ALCANIZ ST PENSACOLA, FL 32503	Mailing Address P.O. BOX 2188 PENSACOLA, FL 32513
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04212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0908427	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WIGGINS, M C  
 4470 LA MIRAGE  
 PENSACOLA, FL 32504

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11010095.32201  
 05/06/06-80032-006 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WIGGINS, M C
STREET ADDRESS	4470 LA MIRAGE
CITY - ST - ZIP	PENSACOLA, FL 32504
TITLE	S
NAME	WIGGINS, MARY E
STREET ADDRESS	4470 LA MIRAGE
CITY - ST - ZIP	PENSACOLA, FL 32504
TITLE	VP
NAME	WIGGINS, MARY E
STREET ADDRESS	4470 LA MIRAGE
CITY - ST - ZIP	PENSACOLA, FL 32504
TITLE	T
NAME	WIGGINS, JONATHON
STREET ADDRESS	170 MUNRO ROAD
CITY - ST - ZIP	PENSACOLA, FL 32504
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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: M.C. Wiggins M.C. WIGGINS 4-24-06 850 438-6109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #