


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 407919	
1. Entity Name DAN ZEIGLER, INC.	

Principal Place of Business 24835 S. DIXIE HWY. PRINCETON, FL 33032 US	Mailing Address 24835 S. DIXIE HWY. PRINCETON, FL 33032 US
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DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1860613	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SARDINHA, LESTER
16283 SW 284TH ST.
MIAMI, FL 33033**

**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 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SARDINHA, LESTER F. 16283 SW 284TH ST. HOMESTEAD, FL 33033
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SARDINHA, ELLA A. 16283 SW 284TH ST. HOMESTEAD, FL 33033
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SARDINHA, JUDY A. 16283 SW 284TH ST. HOMESTEAD, FL 33033
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SARDINHA, CAROL A 16283 SW 284 ST HOMESTEAD, FL 33033
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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07/05/05-80010-014 158.75

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: L.F. SARDINHA L.F. SARDINHA 6/30/05 3052584626

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