

**2006 FOR PROFIT CORPORATION<sup>+</sup>  
ANNUAL REPORT**

**FILED**

**Jan 31, 2006 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**



**DO NOT WRITE IN THIS SPACE**

01202006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1860613**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(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**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME **SARDINHA, LESTER F.**  
STREET ADDRESS **16283 SW 284TH ST.**  
CITY-ST-ZIP **HOMESTEAD, FL 33033**

TITLE SD  
NAME **SARDINHA, ELLA A.**  
STREET ADDRESS **16283 SW 284TH ST.**  
CITY-ST-ZIP **HOMESTEAD, FL 33033**

TITLE TD  
NAME **SARDINHA, JUDY A.**  
STREET ADDRESS **16283 SW 284TH ST.**  
CITY-ST-ZIP **HOMESTEAD, FL 33033**

TITLE D  
NAME **SARDINHA, CAROL A**  
STREET ADDRESS **16283 SW 284 ST**  
CITY-ST-ZIP **HOMESTEAD, FL 33033**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000409266  
02/08/06-80092-007 150.00

**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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/06

305258462