

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 542840

1. Entity Name
CIEGA INCORPORATED



Principal Place of Business
4410 35TH STREET NORTH
P.O. BOX 60456 ZIP:33784
ST. PETERSBURG, FL 33714

Mailing Address
4410 35TH STREET NORTH
P.O. BOX 60456 ZIP:33784
ST. PETERSBURG, FL 33714

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1760002

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MCKINNEY, FRANK ALBERT
4410 35TH STREET NORTH
ST. PETERSBURG, FL 33714

**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, 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
VP
MCKINNEY, FRANK ALBERT
4410 35TH ST. NORTH
ST. PETERSBURG, FL 33714

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
MCKINNEY, JOAN GERDTS
3928 46TH AVE. SOUTH
ST. PETERSBURG, FL 33711

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
MCKINNEY, STUART C.
2301 51ST STREET SOUTH
GULFPORT, FL 33707

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1000000175034
01/10/05-80033-019 150.00

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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)(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: *Frank A. McKinney* **VP FRANK A. MCKINNEY** 1/10/05 727-526-9048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #