2006 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # F98000001746

WIEGEL ENTERPRISES, INC.



Principal Place of Business

1531 ESTUARY TRAIL DELRAY BEACH, FL 33483 Mailing Address

1531 ESTUARY TRAIL DELRAY BEACH, FL 33483

FILED Jan 20, 2006 08:00 AM **Secretary of State**



01062006

No Chg-P

CR2E034 (11/05)

4. FEI Number 36-3719426

Applied For Not Applicab

5. Certificate of Status Desired

\$8.75 Additional ee Required

6. Name and Address of Current Registered Agent

ELMORE, JANET 1531 ESTUARY TRAIL DELRAY BEACH, FL 33483

the obligations of registered agent.

MEIER, JOANNE RAE

CH DES VIEUX SAULES, 1295

TANNAYAD, SWITZERLAND,

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SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when rematating)					DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		
IG.	OFFICERS AND DIRECTORS					
DTLE NAME STREET ADDRESS STY-ST-ZIP	PTD ELMORE, JANET L 1531 ESTUARY TRAIL DELRAY BEACH, FL 33483	-				
OTLE NAME OTREET ADDRESS OTY - ST - ZIP	SVD WIEGEL, JEAN C 1550 N. LAKE SHORE DR CHICAGO, IL 60610				.000000332232 01/24/06-80075-013 150.00	
TT F	VD		-			

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

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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:

NAME STREET ADDRESS

arce

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP