

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000001746

Entity Name
WIEGEL ENTERPRISES, INC.



FILED

Mar 12, 2008 08:00 A
Secretary of State

Principal Place of Business

1531 ESTUARY TRAIL
DELRAY BEACH, FL 33483

Mailing Address

1531 ESTUARY TRAIL
DELRAY BEACH, FL 33483

DO NOT WRITE IN THIS SPACE

02292008 No Chg-P CR2E034 (11/05)

4. FEI Number 36-3719426	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELMORE, JANET
1531 ESTUARY TRAIL
DELRAY BEACH, FL 33483

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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 _____
Sign _____
e. 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME ELMORE, JANET L
STREET ADDRESS 1531 ESTUARY TRAIL
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE SVD
NAME WIEGEL, JEAN C
STREET ADDRESS 1550 N. LAKE SHORE DR
CITY-ST-ZIP CHICAGO, IL 60610

TITLE VD
NAME MEIER, JOANNE RAE
STREET ADDRESS CH DES VIEUX SAULES, 1295
CITY-ST-ZIP TANNAY/VD, SWITZERLAND

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/27/08-80010-011-150.00

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

SIGNATURE: *Janet L. Elmore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/08 561-243-9834
Daytime Phone #