

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # H77812**

1. Entity Name  
**SIEG & SONS, INC.**



Principal Place of Business  
**1731 LANGLEY AVE.  
DELAND, FL 32724**

Mailing Address  
**1731 LANGLEY AVE.  
DELAND, FL 32724**



01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2582830**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**SIEG, CHARLES E  
570 MERCERS FERNERY RD.  
DELAND, FL 32720**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent if and only if applicable. (NOTE: Registered Agent signature required when rechartering)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **V**  
NAME **SIEG, JAMES**  
STREET ADDRESS **1725 MERCERS FERNERY RD**  
CITY-ST-ZIP **DELAND, FL 32720**

TITLE **V**  
NAME **SIEG, CHARLES E.**  
STREET ADDRESS **570 MERCERS FERNERY RD**  
CITY-ST-ZIP **DELAND, FL 32720**

TITLE **ST**  
NAME **SIEG, RACHEL C**  
STREET ADDRESS **570 MERCERS FERNERY RD**  
CITY-ST-ZIP **DELAND, FL 32720**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

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02/06/04-80042-008 158.75

**DO NOT WRITE  
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)(c), 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 or without other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-04 386-734-8295  
DATE DATE PREPARED