

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # J57492

1. Entity Name
SIRINGER & SONS, INC.



Principal Place of Business
**249 CENTER COURT
VENICE, FL 34292 US**

Mailing Address
**249 CENTER COURT
VENICE, FL 34292 US**



01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2804624	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

**SIRINGER, BRAD
1189 VERMEER DR
NOKOMIS, FL 34275**

**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, 2004 Fee will be \$550.00**

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

U000000093367
03/22/04-80014-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SIRINGER, RANDY J.
STREET ADDRESS	2083 TIMUCUA TRAIL
CITY-ST-ZIP	NOKOMIS, FL 34275

TITLE	VSD
NAME	SIRINGER, BRAD
STREET ADDRESS	1189 VERMEER DRIVE
CITY-ST-ZIP	NOKOMIS, FL 34275

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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 637, 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: *Brad E. Siringer* **Brad E. Siringer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-04 **3-19-04** *941-493-3934* **941-493-3934**

DATE

DAYTIME PHONE #