

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 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		
DO NOT WRITE IN THIS SPACE			
		01272006 No Chg-P CRZE034 (11/05)	
		4. FEI Number 59-2804624	Applied For: ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$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	
6. 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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000418542 02/14/06-80011-023 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SIRINGER, RANDY J. 2083 TIMUCUA TRAIL NOKOMIS, FL 34275		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SIRINGER, BRAD 1189 VERMEER DRIVE NOKOMIS, FL 34275		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		2-1-06 941-493-3934	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Clerk's Phone #	