

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90005 025 ***150.00

DOCUMENT # L85221

1. Entity Name
ROBERT S. SIGMAN, P.A.



Principal Place of Business
211 MAITLAND AVE
ALTAMONTE SPRINGS, FL 32701 US

Mailing Address
211 MAITLAND AVE
200
ALTA SPRINGS, FL 32701 US

44004776



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3016737

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SIGMAN, ROBERT S.
211 MAITLAND AVE
SUITE 200
ALTAMONTE SPRINGS, FL 32701

**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

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	SIGMAN, ROBERT S.
STREET ADDRESS	211 MAITLAND AVE
CITY-ST-ZIP	ALTA SPGS, FL
TITLE	VD
NAME	SIGMAN, ROBERT S.
STREET ADDRESS	211 Maitland Ave
CITY-ST-ZIP	MAITLAND, FL A.S. FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/04 407 332-1200