2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 8:00 am
Secretary of State

02-07-2005 90044 013 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # L85221

1. Entity Name

ROBERT S. SIGMAN, P.A.

Principal Place of Business	Mailing Address
~~251~~ MAITLAND AVE ~~ALTAMONTE SPRINGS~~ FL 32701 US	~~251~~ MAITLAND AVE ~~250~~ ~~ALTAMONTE SPRINGS~~ FL 32701 US

2. Principal Place of Business	3. Mailing Address
940 N. MAITLAND AVE Suite, Apt. #, etc.	940 N. MAITLAND AVE Suite, Apt. #, etc.
City & State: MAITLAND, FL	City & State: MAITLAND, FL
Zip: 32751 Country: USA	Zip: 32751 Country: USA

4. FEI Number 59-3016737 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIGMAN, ROBERT S. 940 N. ~~251~~ MAITLAND AVE ~~SUITE 250~~ ~~ALTAMONTE SPRINGS~~ FL 32751 MAITLAND	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SIGMAN, ROBERT S.	NAME	
STREET ADDRESS	940 N. ~~251~~ MAITLAND AVE	STREET ADDRESS	
CITY-ST-ZIP	~~ALTAMONTE FL~~ MAITLAND, FL	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SIGMAN, ROBERT S.	NAME	
STREET ADDRESS	940 N ~~251~~ MAITLAND AVE.	STREET ADDRESS	
CITY-ST-ZIP	~~ALTAMONTE SPRINGS~~ FL 32751 MAITLAND	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ 3/3/05 407 831-0012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #