2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 8:00 am
Secretary of State
02-07-2005 90044 013 ***150.00

DOCUMENT # L85221

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

Principal Place of Business	Mailing Address
~~211~~ MAITLAND AVE ~~ALTAMONTE SPRINGS~~ FL 32701 US	~~211~~ MAITLAND AVE ~~200~~ ~~ALTA SPRINGS~~ FL 32701 US

66003664

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
940 N. MAITLAND AVE	940 N. MAITLAND AVE
Suite, Apt. #, etc.	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

SIGMAN, ROBERT S.
940 N. ~~211~~ MAITLAND AVE
~~SUITE 200~~
AL~~TAMONTE SPRINGS~~ FL 32751
MAITLAND

7. Name and Address of New Registered Agent

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PST	☐ Delete
NAME	SIGMAN, ROBERT S.	
STREET ADDRESS	940 N. ~~211~~ MAITLAND AVE	
CITY-ST-ZIP	~~ALTAMONTE~~ FL MAITLAND, FL	
TITLE	VD	☐ Delete
NAME	SIGMAN, ROBERT S.	
STREET ADDRESS	940 N. ~~211~~ MAITLAND AVE.	
CITY-ST-ZIP	AL~~TAMONTE SPRINGS~~ FL 32751 MAITLAND	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 #