## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P00000010339

1. Entity Name

SIEGEL FINANCIAL SERVICES, INC.



FILED Mar 15, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

8303 BERMUDA SOUND WAY BOYNTON BEACH, FL 33436 8303 BERMUDA SOUND WAY BOYNTON BEACH, FL 33436



П

03122007

No Chg-P

CR2E034 (11/05)

FEI Number
 59-3628800

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATHEWS, GEORGE W III 1325 SO. CONGRESS AVENUE SUITE 104 BOYNTON BEACH, FL 33426

## DO NOT WRITE IN THIS SPACE

BOYNTON BEACH, FL 33426				IN THIS SPACE				
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registe	ered office or re	egistered agent, or b	oth, in the State of Floric	la. I am familiar v	vith, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	If applicable. (NOTE: Registe	ared Agent signature	required when reinstating)		DATÉ		
	E NOWI!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fin     Trust Fund Contribution		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SIEGEL, DAVID 8303 BERMUDA SOUND WAY BOYNTON BEACH, FL 33436				a compression of the second of	وسوسو		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIEGEL, DONNA 8303 BERMUDA SOUND WAY BOYNTON BEACH, FL 33436			:	03/26/07-8000 03/26/07-8000	is-001 150	.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WE	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				iN	THIS SPA	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							1	

12. I hereby certify that the information supplied with this filling 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 enthousement 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 appears, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-7IP

SIGNATURE AND A THE OF SIGNING OFFICER OR DIRECTOR

3/12/07

561-134-5233

Daytime Phone #