

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P00000010339

1. Entity Name
SIEGEL FINANCIAL SERVICES, INC.



Principal Place of Business
**8303 BERMUDA SOUND WAY
BOYNTON BEACH, FL 33436**

Mailing Address
**8303 BERMUDA SOUND WAY
BOYNTON BEACH, FL 33436**



02072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3628800

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

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

**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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SIEGEL, DAVID
STREET ADDRESS	8303 BERMUDA SOUND WAY
CITY-ST-ZIP	BOYNTON BEACH, FL 33436

TITLE	VP
NAME	SIEGEL, DONNA
STREET ADDRESS	8303 BERMUDA SOUND WAY
CITY-ST-ZIP	BOYNTON BEACH, FL 33436

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/26/08-80054-015 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID SIEGEL, PRESIDENT

Date

3/6/08

Daytime Phone #

561-734-5233