

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000041470

1. Entity Name  
SIBLEY PRODUCTS, INC.



Principal Place of Business  
7104 FALLS ROAD EAST  
BOYNTON BEACH, FL 33437 US

Mailing Address  
7104 FALLS ROAD EAST  
BOYNTON BEACH, FL 33437 US



02252005 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
04-2371925  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

M & W AGENTS, INC.  
2101 CORPORATE BLVD.  
SUITE 107  
BOCA RATON, FL 33431

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

**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

U00000493288  
04/19/06-80100-006 150.00

10. OFFICERS AND DIRECTORS

|                                                |                                                                        |
|------------------------------------------------|------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SIBLEY, DAVID N<br>7104 FALLS RD E.<br>BOYNTON BEACH, FL 33437   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>SIBLEY, SONIA R<br>7104 FALLS RD E.<br>BOYNTON BEACH, FL 33437  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>SIBLEY, DAVID N<br>7104 FALLS RD. E.<br>BOYNTON BEACH, FL 33437 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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: DAVID N. SIBLEY - Pres/TREAS 4/4/06 561.742.9511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #