


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90148 033 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P00000060258</b>                            |  |
| 1. Entity Name<br><b>CHARLES SIGLER ENTERPRISES, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>400 FREEMAN ST.<br/>NEW SMYRNA BCH FL 32168</b> | Mailing Address<br><b>400 FREEMAN ST.<br/>NEW SMYRNA BCH FL 32168</b> |
|---|---|



|  |   |
|--|---|
| 2. Principal Place of Business<br><b>1050 FREMONT ST</b> | 3. Mailing Address<br><b>1050 FREMONT ST.</b> |
| Suite, Apt. #, etc.                                      | Suite, Apt. #, etc.                           |

1st MOORE CR2E034 (10/05)

|   |   |
|---|---|
| City & State<br><b>New Smyrna Bch, FL 32168</b> | City & State<br><b>New Smyrna Bch, FL 32168</b> |
| Zip   | Zip   |
| Country   | Country   |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-3660764</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>SIGLER, CHARLES A<br/>400 FREEMAN ST.<br/>NEW SMYRNA BCH FL 32168</b> |  |
| CHANGE →  |  |

|   |          |
|---|----------|
| 7. Name and Address of New Registered Agent                                   |          |
| Name  |          |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>1050 FREMONT ST.</b> |          |
| City<br><b>FL</b>   | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>SIGLER, CHARLES A<br/>361 CASTLEWOOD LANE<br/>NEW SMYRNA BCH FL 32168</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>2834 Osprey Cove Dr</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **CHARLES A. SIGLER** Date **386-428-5566**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #