


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State


02-10-2006 90009 019 ***150.00

DOCUMENT # P00000116938	
1. Entity Name ARDEN M. SIEGENDORF, P.A.	

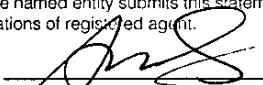
Principal Place of Business 2640-A MITCHAM DRIVE TALLAHASSEE, FL 32308	Mailing Address 2640-A MITCHAM DRIVE TALLAHASSEE, FL 32308
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20006821

2. Principal Place of Business 108 Lakeshore Dr. Suite, Apt. #, etc. #1139 City & State No. Palm Bch, FL Zip 33408	3. Mailing Address 108 Lakeshore Dr. Suite, Apt. #, etc. #1139 City & State No. Palm Beach, FL Zip 33408
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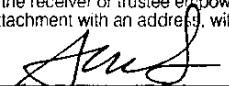
	
02072006	Chg-P
CR2E034 (11/05)	
4. FEI Number 65-1064822	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARROLL AND COMPANY, CPA'S PA 2640-A MITCHAM DRIVE TALLAHASSEE, FL 32308	
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7. Name and Address of New Registered Agent Name ARDEN M. SIEGENDORF Street Address (P.O. Box Number is Not Acceptable) 108 LAKESHORE DRIVE #1139 City No. Palm Beach FL Zip Code 33408	
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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD SIEGENDORF, ARDEN M 108 LAKESHORE DRIVE UNIT 1139 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT SIEGENDORF, REBECCA L 108 LAKESHORE DRIVE, UNIT 1139 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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	