

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90082 048 ***150.00

DOCUMENT # P01000000550

1. Entity Name
SIGMON STAINLESS, INC.



Principal Place of Business
**2957 SOUTHERN HILLS CIR. WEST
JACKSONVILLE, FL 32225**

Mailing Address
**2957 SOUTHERN HILLS CIR. WEST
JACKSONVILLE, FL 32225**

50008403



2. Principal Place of Business
13033 HIGHLAND GLEN WAY SO.

3. Mailing Address
12620-3 BEACH BLVD. #320 SO.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202005 Chg-P CR2E034 (10/03)

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL.

4. FEI Number
59-3691578

Applied For
Not Applicable

Zip
32224

Country
DUVAL

Zip
32246

Country
DUVAL

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIGMON, BARBARA A
2957 SOUTHERN HILLS CIR. WEST
JACKSONVILLE, FL 32225**

Name
SIGMON, BARBARA A

Street Address (P.O. Box Number is Not Acceptable)
13033 HIGHLAND GLEN WAY SO.

JACKSONVILLE, FL

City

FL Zip Code
32224

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 *Barbara A. Sigmon*

BARBARA A. SIGMON

1-26-05

Signature, typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
SIGMON, BARBARA A
2957 SOUTHERN HILLS CIR. WEST
JACKSONVILLE, FL 32225** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
SIGMON, BARBARA A
13033 HIGHLAND GLEN WAY SO.
JACKSONVILLE, FL. 32224** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SIGMON, MICHAEL A
2957 SOUTHERN HILLS CIR. WEST
JACKSONVILLE, FL 32225** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SIGMON, MICHAEL A
13033 HIGHLAND GLEN WAY SO.
JACKSONVILLE, FL. 32224** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Barbara A. Sigmon*

BARBARA A. SIGMON

1-26-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #