

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000550

Entity Name: SIGMON STAINLESS, INC.

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

13033 HIGHLAND GLEN WAY S.  
JACKSONVILLE, FL 32224

## New Principal Place of Business:

3584 VALVERDE CIRCLE  
JACKSONVILLE, FL 32224

## Current Mailing Address:

12620-3 BEACH BLVD #320  
JACKSONVILLE, FL 32246

## New Mailing Address:

3584 VALVERDE CIRCLE  
JACKSONVILLE, FL 32224

FEI Number: 59-3691578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIGMON, BARBARA A  
13033 HIGHLAND GLEN WAY S.  
JACKSONVILLE, FL 32224 US

## Name and Address of New Registered Agent:

SIGMON, BARBARA A  
3584 VALVERDE CIRCLE  
JACKSONVILLE, FL 32224 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/28/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: SIGMON, BARBARA A  
Address: 13033 HIGHLAND GLEN WAY SO.  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VD ( ) Delete  
Name: SIGMON, MICHAEL A  
Address: 13033 HIGHLAND GLEN WAY SO.  
City-St-Zip: JACKSONVILLE, FL 32225

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: SIGMON, BARBARA A  
Address: 3584 VALVERDE CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VD (X) Change ( ) Addition  
Name: SIGMON, MICHAEL A  
Address: 3584 VALVERDE CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA A SIGMON

Electronic Signature of Signing Officer or Director

PRES

04/28/2009

Date