

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90081 038 \*\*\*150.00

**DOCUMENT # P03000083565**



1. Entity Name  
**BIEG IDEAS, INC.**

Principal Place of Business  
**135 LEE PLACE  
SANTA ROSA BEACH, FL 32459**

Mailing Address  
**135 LEE PLACE  
SANTA ROSA BEACH, FL 32459**

**94068464**



2. Principal Place of Business  
**2236 C Hwy 30A**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO BOX 4688**  
Suite, Apt. #, etc.

01152004 Chg-P CR2E034 (10/03)

City & State  
**Seaside, FL**

City & State  
**Seaside, FL**

4. FEI Number  
**20-0122963**

Applied For  
Not Applicable

Zip Country  
**32459 USA**

Zip Country  
**32459 USA**

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

**6. Name and Address of Current Registered Agent**

**BIEGLER, DAVID B  
135 LEE PLACE  
SANTA ROSA BEACH, FL 32459**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE ☐ Delete  
NAME **DIR BIEGLER, DAVID B**  
STREET ADDRESS **135 LEE PLACE**  
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE ☐ Delete  
NAME **DIR BIEGLER, KELLIE**  
STREET ADDRESS **135 LEE PLACE**  
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/2004 (BSD) 231-1297**

Date

Daytime Phone #