

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2012 APR 30 PM 4: 36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000121070

1. Entity Name  
GEORGE WAYNE SIEBER, P.A.



Principal Place of Business  
10158 CABANA STREET  
WEEKI WACHEE, FL 34607

Mailing Address  
10158 CABANA STREET  
WEEKI WACHEE, FL 34607 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202012

Chg-P

CR2E034 (12/11)

4. FEI Number  
20-3238892

Applied For  
Not Applicable

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

SIEBER, GEORGE WAYNE  
10158 CABANA STREET  
WEEKI WACHEE, FL 34607

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, 2012 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
SIEBER, GEORGE WAYNE  
10158 CABANA STREET  
WEEKI WACHEE, FL 34607 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
000234613380  
05/03/12--01030--002 \*\*150.00

TITLE  
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1204  
4/30/12

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: George Wayne Sieber 4/26/12 GEORGEWSIEBER@XMAIL.COM  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS