


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90004 007 ***550.00

DOCUMENT # P05000159615
 1. Entity Name
WIGGLE-HOWARD ENTERPRISES, INC.



Principal Place of Business
799 STEWART STREET
ENGLEWOOD, FL 34223

Mailing Address
799 STEWART STREET
ENGLEWOOD, FL 34223

40000000



2. Principal Place of Business
60 S. Indiana Avenue
 Suite, Apt. #, etc.

3. Mailing Address
13 Waterford Drive
 Suite, Apt. #, etc.

06072006 Chg-P CR2E034 (11/05)

City & State
Englewood, Florida

City & State
Englewood, Florida

Zip Country
34223 USA

Zip Country
34223 USA

4. FEI Number
20-3894897

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
POLIVCHAK, RODGER
SECURE BUSINESS SOLUTIONS, LLP
4301 32ND STREET W, SUITE D3
BRADENTON, FL 34205

7. Name and Address of New Registered Agent
 Name
Susan L. Corzilius
 Street Address (P.O. Box Number is Not Acceptable)
Susan L. Corzilius, CPA, CP, P.A.
1070 S. McCall Road
 City
Englewood FL Zip Code
34223

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: *Susan L. Corzilius* **Susan L. Corzilius, CPA** **July 3, 2006**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006

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	PD WIGGLE, HAROLD 13 WATERFORD DRIVE ENGLEWOOD, FL 34223 <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	VPD HOWARD, MELINDA 799 STEWART STREET ENGLEWOOD, FL 34223 <input checked="" 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	TD HOWARD, STEVE 799 STEWART STREET ENGLEWOOD, FL 34223 <input checked="" 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: *Harold Wiggle* **Harold Wiggle** 7-13-06 **(941) 460-0818**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #