


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		
2. Principal Place of Business 60 S. Indiana Avenue Suite, Apt. #, etc.		3. Mailing Address 13 Waterford Drive Suite, Apt. #, etc.			
City & State Englewood, Florida Zip Country 34223 USA		City & State Englewood, Florida Zip Country 34223 USA		4. FEI Number 20-3894897 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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 <u><i>Susan L. Corzilius</i></u> Susan L. Corzilius, CPA July 3, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete 13 WATERFORD DRIVE ENGLEWOOD, FL 34223		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 <input checked="" type="checkbox"/> Delete 799 STEWART STREET ENGLEWOOD, FL 34223		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 <input checked="" type="checkbox"/> Delete 799 STEWART STREET ENGLEWOOD, FL 34223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WIGGLE, OLGA <input type="checkbox"/> Delete 13 WATERFORD DRIVE ENGLEWOOD, FL 34223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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: <u><i>Harold Wiggles</i></u> Harold Wiggles <u>7-13-06</u> (941) 460-0818 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					