

FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P06000036612

1. Entity Name

Zeigler Enterprises, Inc.



FILED

11 MAY 25 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1033 Kelsey Ave

Suite, Apt. #, etc.

3. Mailing Address

1033 Kelsey Ave

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

Oviedo, FL

City & State

4. FEI Number

204483671

Applied For

Not Applicable

Zip

32765

Country

US

Zip

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CARL M ZEIGLER

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

1033 Kelsey Ave

City

Oviedo

FL

Zip Code

32765

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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 re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$650.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

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

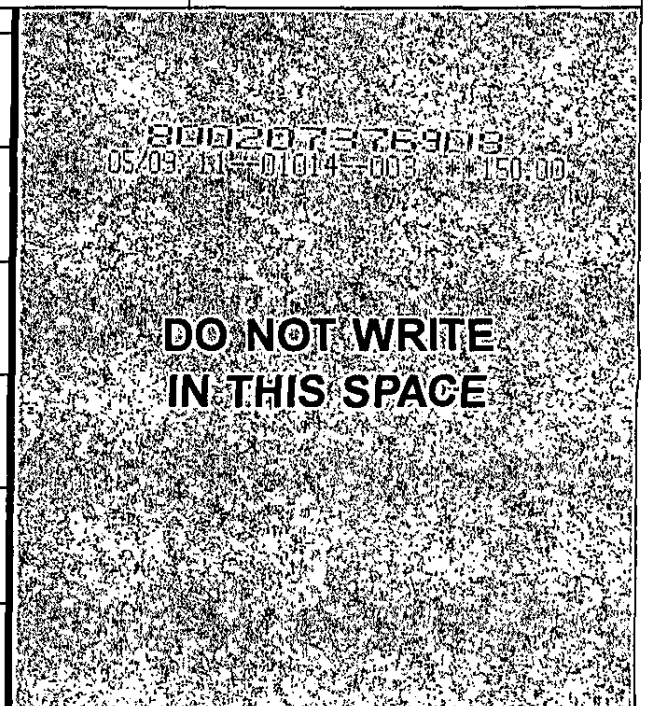
Trust Fund Contribution.

E-mail Address:

Zeiglercarl@hotmail.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARL M ZEIGLER
STREET ADDRESS	1033 Kelsey Ave
CITY-ST-ZIP	Oviedo - FL - 32765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	



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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/2011

DATE

407 359 1074

Daytime Phone #