FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE

FILED

11 MAY 25 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000036612

1. Entity Name

Zeigler Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

CR2E034B (1/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1033 Kelsey Ave	1033 Kelsey Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Oviedo, FL	City & State
Zip: 32765 Country: US	Zip Country: US

4. FEI Number: 204483671 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re instating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

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

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800207826018
05/09/11-01014-003 **150.00

DO NOT WRITE IN THIS SPACE

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: _____ 5/15/2011 4073591074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #