2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Apr 26, 2007 8:00 am Secretary of State

DOCUMENT # P06000084118 1. Entity Name STEIGERWALD INVESTMENT COMPANY								04-26-2007 90)226 033	3 ***150.0	0
Principal Place of Business 13755 STATE ROAD 78 MOOREHAVEN, FL 33471				Mailing Address 501 GOODLETTE ROAD B204 NAPLES, FL 34102				EBNA 11111			1 78 ()) 5 81
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02262007	Chg-P	CR2E	034 (12/06)		
City & State			City & State				4. FEI Numb	er 0-5100012			plied For
Zip	Country		Zij	Zip Coun		try		of Status Desired		\$8.75 Add	litional
6. Name and Address of Current			t Registe	red Agent		7. Name and	Address of New R	egistered	<u>`</u> _		
						Name					
STEIGERWALD, RONALD W 3213 13TH AVENUE SW NAPLES, FL 34117					Street Addres	ss (P.O. Box Numb	er is Not Acceptable	*)			
						City		·	FI	Zip Code	e
	named entitions of regist	y submits this statement f tered agent.	or the pu	rpose of changing its	register	I ed office or regis	stered agent, or bo	th, in the State of Flo			and accept
SIGNATURE_		·									
0.0	Signature, typed	or printed name of registered ager	it and title if a	applicable. (NOT	E: Registere	d Agent signature requ	uired when reinstating)		DATE		
FILI After Ma	E NO W !!! ay 1, 200	FEE IS \$150.00 7 Fee will be \$550	.00	9. Election Campa Trust Fund Conf		,	\$5.00 May Be Added to Fees				
10.		OFFICERS AN	DIRECT	ORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AN	D DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3213 13T	WALD, RONALD W H AVENUE S.W. FL 34117		☐ Delete	1	1				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3213 13T	RWALD, DONALD T H AVENUE S. W. FL 34117		⊠ Delete	1 1	I				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3213 13T	Z, ESTER TH AVENUE S. W. , FL 34117		☐ Delete		!	_			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	j			☐ Delete	CIT	ME REET ADORESS Y-ST-ZIP				Change	Addition
12. I hereby indicated of the co changed	certify that the control on this reportion or or an at	he information supplied wort or supplemental report the receiver or trustee emitachment with an address	rith this fil t is true a powered s, with all	ing does not qualify to no accurate and that to execute this report other like empowered	for the ex my sign: nt as requ	kemptions conta ature shall have uired by Chapter	tined in Chapter 1 the same legal effor 607, Florida Statu	19, Florida Statutes. ect as if made under tes; and that my nar	I further coath; that ne appear	ertify that the I am an office s in Block 10 c	information r or director or Block 11 if