

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000094576

Entity Name: AMANDA SCHELL ZIEGLER, INC.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2340 YANKEE TERRACE  
NORTH PORT, FL 34286

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 381028  
MURDOCK, FL 33938

**New Mailing Address:**

2340 YANKEE TERRACE  
NORTH PORT, FL 34286

FEI Number: 42-1738440

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZIEGLER, AMANDA S  
2340 YANKEE TERRACE  
NORTH PORT, FL 34286 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPVS  
Name: ZIEGLER, AMANDA S  
Address: 2340 YANKEE TERRACE  
City-St-Zip: NORTH PORT, FL 34286

Title: T  
Name: ZIEGLER, AMANDA S  
Address: 2340 YANKEE TERRACE  
City-St-Zip: NORTH PORT, FL 34286

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AMANDA S. ZIEGLER

DPVS

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date