

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State


02-22-2006 90016 035 ***150.00

DOCUMENT # P97000066820

1. Entity Name
CARL SEIGEL, P.A.

Principal Place of Business
~~2925 SPRING HAMMOCK DR
 PLANT CITY FL 33567~~

CARL SEIGEL P.A.
 Ms Lynda Seigel
 3569 Talley Ridge Dr
 Lady Lake, FL 32162-7131




1st MOORE CR2E034 (10/05)

2. Principal Place of Business
3569 TALLEY Ridge DR

3. Mailing Address
SAME

City & State
THE Villages

City & State
THE Villages

Zip
32162 Country
U.S.A.

Zip
32162 Country
U.S.A.

4. FEI Number
65-0776665

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SEIGEL, CARL P.A. and
~~2925 SPRING HAMMOCK DR
 PLANT CITY FL~~

and
 Lynda Seigel
 3569 Talley Ridge Dr
 Lady Lake, FL 32162-7131

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 *Lynda Seigel* (NOTE: Registered Agent signature required when reconstituting)

DATE *2/8/06*

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

Trust Fund Contribution.

10. **PD**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

SEIGEL, CARL
~~2925 SPRING HAMMOCK DR
 PLANT CITY FL 33567~~

and
 Lynda Seigel
 3569 Talley Ridge Dr
 Lady Lake, FL 32162-7131

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VSTD
SEIGEL, LYNDA
~~2925 SPRING HAMMOCK DR
 PLANT CITY FL 33567~~

and
 Lynda Seigel
 3569 Talley Ridge Dr
 Lady Lake, FL: 32162-7131

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Lynda Seigel* DATE: *2/8/06* DAYTIME PHONE #: *352-753-7688*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR