

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000074408

1. Entity Name
SIBLING PROPERTIES, INC.



Principal Place of Business
3425 S. FLORIDA AVE.
LAKELAND, FL 33803

Mailing Address
3425 S. FLORIDA AVE.
LAKELAND, FL 33803



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3464314

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAUSER, NICHOLAS P
3425 S. FLORIDA AVE.
LAKELAND, FL 33803

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME HAUSER, NICHOLAS P
STREET ADDRESS 3910 WINDCHIME LN
CITY-ST-ZIP LAKELAND, FL 33811

TITLE D
NAME HAUSER, BARBARA L
STREET ADDRESS 3910 WINDCHIME LN
CITY-ST-ZIP LAKELAND, FL 33811

TITLE D
NAME SKOOG, GERALD L
STREET ADDRESS 6346 BALSAM LN., N.
CITY-ST-ZIP MAPLE GROVE, MN 55369

TITLE D
NAME SKOOG, KAREN L
STREET ADDRESS 6346 BALSAM LN., N.
CITY-ST-ZIP MAPLE GROVE, MN 55369

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000070269
03/01/04-80037-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Barbara L. Hauser Barbara L. Hauser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-04 (863) 647-2052

Date

Daytime Phone #