


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 26, 2005 08:00 AM
Secretary of State

P97000074408 1. Entity Name SIBLING PROPERTIES, INC.	
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Principal Place of Business 3425 S. FLORIDA AVE. LAKE LAND, FL 33803	Mailing Address 3425 S. FLORIDA AVE. LAKE LAND, FL 33803
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01102005 000000 000000000000

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3464314	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 00000000 0000000000

6. Name and Address of Current Registered Agent HAUSER, NICHOLAS P 3425 S. FLORIDA AVE. LAKE LAND, FL 33803
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**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 000000
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUSER, NICHOLAS P 3910 WINDCHIME LN LAKE LAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUSER, BARBARA L 3910 WINDCHIME LN LAKE LAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKOOG, GERALD L 6346 BALSAM LN., N. MAPLE GROVE, MN 55369
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKOOG, KAREN L 6346 BALSAM LN., N. MAPLE GROVE, MN 55369
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/27/05-80013-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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 Hauser*
Barbara Hauser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-05

Date

(863) 647-2052

Daytime Phone #