



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 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
-----------------------------------------------------------------------------------	-----------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

	
02112008 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-3464314	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000927441 02/21/08-80091-008 150.00
-------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAUSER, NICHOLAS P 3910 WINDCHIME LN LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAUSER, BARBARA L 3910 WINDCHIME LN LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SKOOG, GERALD L 6346 BALSAM LN., N. MAPLE GROVE, MN 55389
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SKOOG, KAREN L 6346 BALSAM LN., N. MAPLE GROVE, MN 55389
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Barbara Hauser Barbara Hauser 2-11-08 (813) 647-2052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #