

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 01, 2005 08:00 AM
Secretary of State**

DOCUMENT # P97000108879

1. Entity Name
S. B. VOGEL, INC.



Principal Place of Business
**3902 S.W. 77TH STREET
GAINESVILLE, FL 32608**

Mailing Address
**3902 S.W. 77TH STREET
GAINESVILLE, FL 32608**



01292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3485025

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VOGEL, STEPHEN B
3902 S.W. 77TH STREET
GAINESVILLE, FL 32608**

**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 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VOGEL, STEPHEN B
STREET ADDRESS	3902 S.W. 77TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32608

TITLE	ST
NAME	VOGEL, NANCY E
STREET ADDRESS	3902 SW 77 ST.
CITY-ST-ZIP	GAINESVILLE, FL 32608

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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: *Nancy E Vogel* **NANCY VOGEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-2005 352-376-8665

Date

Daytime Phone #