

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 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



01082006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3485025

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be \$550.00**

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

000000384661
01/17/06-80022-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VOGEL, STEPHEN B 3902 S.W. 77TH STREET GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST VOGEL, NANCY E 3902 SW 77 ST. GAINESVILLE, FL 32608
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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 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: Nancy E Vogel **NANCY E VOGEL, Sec/Treas** 1/9/06 **352**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone # **376 8665**