

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2005 8:00 am
Secretary of State

08-24-2005 90056 044 ***150.00

DOCUMENT # P98000051198

1. Entity Name
ZIEGLER BROTHERS, INC.



Principal Place of Business
**2641 FIDDLESTICKS CIRCLE
LUTZ, FL 33549**

Mailing Address
**2641 FIDDLESTICKS CIRCLE
LUTZ, FL 33549**

00000107



2. Principal Place of Business
18929 Livingston Ave
Suite, Apt. #, etc.

3. Mailing Address
18929 Livingston Ave
Suite, Apt. #, etc.

08222005 Chg-P CR2E034 (10/03)

City & State
Lutz FL

City & State
Lutz FL

4. FEI Number
59-3519541

Applied For
☒ Not Applicable

Zip
33559

County
Hillsboro

Zip
33559

County
Hillsboro

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

6. Name and Address of Current Registered Agent

**BASTIAN, NANCY J
9416 PEBBLE GLEN AVE.
TAMPA, FL 33647**

7. Name and Address of New Registered Agent

Name -

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ZIEGLER, DAVID M**
STREET ADDRESS **2641 FIDDLESTICKS CIRCLE**
CITY-ST-ZIP **LUTZ, FL 33549**

TITLE **D** ☐ Delete
NAME **ZIEGLER, TIMOTHY A**
STREET ADDRESS **19905 ARBOR PATH**
CITY-ST-ZIP **LUTZ, FL 33549**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Ziegler David M**
STREET ADDRESS **18929 Livingston Ave**
CITY-ST-ZIP **Lutz FL 33559**

TITLE **D** ☒ Change ☐ Addition
NAME **Ziegler Timothy A**
STREET ADDRESS **18929 Livingston Ave**
CITY-ST-ZIP **Lutz FL 33559**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-22-05 813-971-3194

Date

Daytime Phone #