

112

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/23/2004-90001-047-\$150.00-\$150.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT 18 PM 2:24

54064454



07082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0884034	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DOCUMENT # P98000101536

1. Entity Name  
J.M. AND P.A. SIGAFOOSE, INC.



Principal Place of Business 2049 SOUTH TAMiami TRAIL VENICE, FL 34293	Mailing Address 2049 SOUTH TAMiami TRAIL VENICE, FL 34293
---	---

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

AMERMAN, CARL E  
1124 SOUTH CYPRESS POINT DRIVE  
VENICE, FL 34293

**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: Carl E. Amerman DATE: 7-13-04

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

**FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS SIGAFOOSE, JAMES M 2049 SOUTH TAMiami TRAIL VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT SIGAFOOSE, PATRICIA A 2049 SOUTH TAMiami TRAIL VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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: JM Sigafosse DATE: 7-13-04 DAYTIME PHONE: 941-493-3445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21

212

J.M. AND P.A. SIGAFOOSE, INC.

---

2049 SOUTH TAMiami TRAIL  
VENICE, FLORIDA 34293  
941-493-3445

DIVISION OF CORPORATIONS  
P.O. BOX 6198  
TALLAHASSEE, FLORIDA 32314

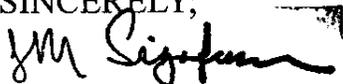
RE: P98000101536  
ANNUAL REPORT

TO WHOM IT MAY CONCERN;

We called about not receiving our FOR PROFIT CORPORATION ANNUAL REPORT FOR 2004 we were told to send in the money and check the box stating we did not receive the annual report form for 2004. We are writing this letter to say we could not find any box to check but, we never received the 2004 form or any notice until now. All we received was this postcard NOTICE OF INTENT TO DISSOLVE then we called Department of State and were told to send in the check for \$ 150.00 and, check the box.

Could not find any box so we are writing to state we never received any notice, form, or postcard before this. Thank you for your time in this matter and, please let us know that this matter is taken care of.

SINCERELY;



JAMES M. SIGAFOOSE