


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90193 005 ***150.00

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
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40069472



2. Principal Place of Business - No P.O. Box # 240 Eider Road	3. Mailing Address 240 Eider Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Venice, Florida	City & State Venice, Florida
Zip 34293	Country Sarasota
Zip 34293	Country Sarasota

04172007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0884034	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AMERMAN, CARL E 1124 SOUTH CYPRESS POINT DRIVE VENICE, FL 34293	
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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 Carl E. Amerman Carl E. Amerman 4-16-07
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SIGAFOOSE, JAMES M 2049 SOUTH TAMiami TRAIL VENICE, FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sigafoose, James M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 240 Eider Road Venice, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SIGAFOOSE, PATRICIA A 2049 SOUTH TAMiami TRAIL VENICE, FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sigafoose, Patricia A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 240 Eider Road Venice, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James M. Sigafoose James M. Sigafoose - Pres. 4-17-07 981-997-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #