


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000014240
1. Entity Name
WIGGINS PROPERTY MANAGEMENT, INC.



Principal Place of Business
**83-A COWETA ROAD
CANTONMENT, FL 32533**

Mailing Address
**83-A COWETA ROAD
CANTONMENT, FL 32533**

DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3562958

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**WIGGINS, ROBERT LEE
83-A COWELTA ROAD
CANTONMENT, FL 32533**

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: *Robert Lee Wiggins* **ROBERT LEE WIGGINS VP** **1-9-04**
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, 2004 Fee will be \$550.00

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

000000023100
02/02/04-80011-019 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WIGGINS, FRANCES MELITA
STREET ADDRESS	83-A COWELTA ROAD
CITY - ST - ZIP	CANTONMENT, FL 32533
TITLE	D
NAME	WIGGINS, ROBERT LEE
STREET ADDRESS	83-A COWELTA ROAD
CITY - ST - ZIP	CANTONMENT, FL 32533
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Robert Lee Wiggins* **ROBERT LEE WIGGINS VP** **1-9-04** **850-968-1527**
Signature and typed or printed name of officer or director Date Daytime Phone #