

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000031878

1. Entity Name
THE ZIGCO CORPORATION



Principal Place of Business
109 FIRST STREET
NOKOMIS, FL 34275

Mailing Address
109 FIRST STREET
NOKOMIS, FL 34275

DO NOT WRITE IN THIS SPACE

FILED
Apr 28, 2004 08:00 AM
Secretary of State



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0922338	Applied For 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

ZIEGLER, RONALD
109 FIRST STREET
NOKOMIS, FL 34275

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

U000000134027
04/28/04-80003-007 150.00

10. OFFICERS AND DIRECTORS

TITLE: PSTD
NAME: ZIEGLER, RON
STREET ADDRESS: 109 1ST ST
CITY-ST-ZIP: NOKOMIS, FL 34275

TITLE: SD
NAME: ZIEGLER, TERESA
STREET ADDRESS: 109 FIRST ST
CITY-ST-ZIP: NOKOMIS, FL 34275

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-04 941-657-2667
Date Daytime Phone #