2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000081961

1. Entity Name
FREDERICK I. ZIEGLER FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
6708 NO. HIMES AVE. TAMPA, FL 33614	6708 NO. HIMES AVE. TAMPA, FL 33614

DO NOT WRITE IN THIS SPACE

01072008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3598755		Not Applicable

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

6. Name and Address of Current Registered Agent

ZIEGLER, FREDERICK I
6708 N HINES AVE
TAMPA, FL 33614

DO NOT WRITE
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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, 2008 Fee will be $550.00

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

U00000830039
02/26/08-80067-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	ZIEGLER, FREDERICK I
STREET ADDRESS	6708 NO. HIMES AVE.
CITY-ST-ZIP	TAMPA, FL 33614

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _Frederick I Ziegler_ FREDERICK I Ziegler 2/15/08 813-871-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #