

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JAN 22 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S16130

1. Entity Name  
SIGPEL, INC.



Principal Place of Business

5551 RIDGEWOOD DR, SUITE 203  
NAPLES, FL 34108

Mailing Address

5551 RIDGEWOOD DR, SUITE 203  
NAPLES, FL 34108



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0241102

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ATHAN, G H  
5551 RIDGEWOOD DRIVE  
STE #501  
NAPLES, FL 34108

**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

000027491900  
01/23/04--01016--020 \*\*1380.00

**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**

10. OFFICERS AND DIRECTORS

TITLE DVT  
NAME CORACE, RICHARD F.  
STREET ADDRESS 5551 RIDGEWOOD DR 203  
CITY-ST-ZIP NAPLES, FL

TITLE DVS  
NAME GRIFFIN, GERALD F., III  
STREET ADDRESS 5551 RIDGEWOOD DR 203  
CITY-ST-ZIP NAPLES, FL

TITLE DP  
NAME SHARPE, KEITH A  
STREET ADDRESS 5551 RIDGEWOOD DR 203  
CITY-ST-ZIP NAPLES, FL

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/04 239 566 2800  
Date Daytime Phone #