## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # S93823** 

1. Entity Name SIEGEL & HUGHES, P.A.



FILED Feb 13, 2008 08:00 Al Secretary of State

Principal Place of Business

4046 NEWBERRY RD. GAINESVILLE, FL 32607 Mailing Address

4046 NEWBERRY RD. GAINESVILLE, FL 32607



02122008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3096588

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, BRENT G. 4046 NEWBERRY RD. GAINESVILLE, FL 32607

## DO NOT WRITE

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.	<ul> <li>I am familiar with, and accept</li> </ul>
	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  Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE SIEGEL, BRENT G. NAME STREET ADDRESS 4046 NEWBERRY RD. CITY-ST-ZIP GAINESVILLE, FL STD TITLE HUGHES, W. CHARLES NAME STREET ADDRESS 4046 NEWBERRY RD. CITY-ST-ZIP GAINESVILLE, FL TITI F SIEGEL, MARTHA C NAME STREET ADDRESS 4046 NEWBERRY RD CITY-ST-ZIP GAINESVILLE, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP\_ NAME . . . . . STREET ADDRESS

.02/21/08-80022-012 150:00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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: <

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2/12/08

1352)225-22

Date

Daytime Phone #