2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JAN 23 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V24571

1. Entity Name
SIGWIG, INC.

Principal Place of Business	Mailing Address
5551 RIDGEWOOD DR. SUITE 203 NAPLES, FL 34108	5551 RIDGEWOOD DR. SUITE 203 NAPLES, FL 34108

DO NOT WRITE IN THIS SPACE

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0346311

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ATHAN, G. HELEN
5551 RIDGEWOOD DR.
STE. 501
NAPLES, FL 34108

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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.

700028314547
02/06/04--01006--009 **1401.25

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DVS
NAME	GRIFFIN, GERALD F., II
STREET ADDRESS	5551 RIDGEWOOD DR #203
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	DP
NAME	SHARPE, KEITH
STREET ADDRESS	55551 RIDGEWOOD DRIVE SUITE 203
CITY-ST-ZIP	NAPLES, FL
TITLE	DT
NAME	CORACE, RICHARD F.
STREET ADDRESS	5551 RIDGEWOOD DR #203
CITY-ST-ZIP	NAPLES, FL 34108
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: _____ 1/14/04 239 566 2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #