

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90041 019 \*\*\*158.75

**DOCUMENT # V24571**

1. Entity Name

SIGWIG, INC.



Principal Place of Business

5551 RIDGEWOOD DR.  
SUITE 203  
NAPLES FL 34108

Mailing Address

5551 RIDGEWOOD DR.  
SUITE 203  
NAPLES FL 34108



2. Principal Place of Business

800 Laurel Oak Dr

3. Mailing Address

800 Laurel Oak Dr.

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Naples FL

City & State

Naples FL

Zip

34108

Country

USA

Zip

34108

Country

USA

1st MOORE

CR2E034 (10/04)

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DVS ☐ Delete  
NAME GRIFFIN, GERALD F., II  
STREET ADDRESS 5551 RIDGEWOOD DR #203  
CITY-ST-ZIP NAPLES FL 34108

TITLE DP ☐ Delete  
NAME SHARPE, KEITH  
STREET ADDRESS 5551 RIDGEWOOD DRIVE SUITE 203  
CITY-ST-ZIP NAPLES FL

TITLE DT ☐ Delete  
NAME CORACE, RICHARD F.  
STREET ADDRESS 5551 RIDGEWOOD DR #203  
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 800 Laurel Oak Dr. ☒ Change ☐ Addition  
NAME Suite 300  
STREET ADDRESS Naples FL 34108  
CITY-ST-ZIP

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NAME Suite 300  
STREET ADDRESS Naples FL 34108  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #