

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # V24571

1. Entity Name
SIGWIG, INC.



Principal Place of Business
**800 LAUREL OAK DR
SUITE 300
NAPLES, FL 34108**

Mailing Address
**800 LAUREL OAK DR
SUITE 300
NAPLES, FL 34108**



03222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0346311	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

9. I, the above named entity, submit 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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

11. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000500673
04/25/06-80032-014 158.75**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GRIFFIN, GERALD F., II 800 LAUREL OAK DR NAPLES, FL 34108
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHARPE, KEITH 800 LAUREL OAK DR NAPLES, FL 34108
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CORACE, RICHARD F. 800 LAUREL OAK DR NAPLES, FL 34108
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CIN

Daytime Phone #