

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

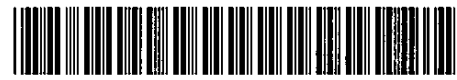
FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90399 037 ***150.00

DOCUMENT # F46504
 1. Entity Name
FORNELL ENTERPRISES, INC.



Principal Place of Business Mailing Address
642 CARSWELL AVENUE **642 CARSWELL AVENUE**
P.O. BOX 1212 **P.O. BOX 1212**
HOLLY HILL FL 32125 **HOLLY HILL FL 32125**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-2141957 Not Applicable

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

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent
TUMBLESON DOYLE J.
150 SOUTH PALMETTO AVENUE, BOX A
DAYTONA BEACH FL 32114

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 _____ 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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> Delete
NAME	FORNELL, RICHARD H	
STREET ADDRESS	642 CARSWELL AVENUE	
CITY-ST-ZIP	HOLLY HILL FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	DALIESSIO, LEIGH ASHLEY	
STREET ADDRESS	642 CARSWELL AVENUE	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	V	<input type="checkbox"/> Delete
NAME	FORNELL, KATHRYN L	
STREET ADDRESS	642 CARSWELL AVENUE	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LILA PONTIUS	
STREET ADDRESS	642 Carswell Ave	
CITY-ST-ZIP	Holly Hill FL 32117	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR