2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2007 08:00 A Secretary of State

ANNUAL REPURT					- 9	Secretary of S			
1. Entity Nam	MENT # H32624 LITY ENTERPRISES, INC.				,	Secre	tary or S		
Principal Plac 4311 JOHN I BRANDON, F	MOORE RD	Mailing Address 4311 JOHN MOORF, RD BRANDON, FL 33511							
							131 Bright Brightness 11 1882		
DO NOT WRITE IN THIS SPAC			©E	04242007 4. FEI Number 59-247		CR2E034 (Applied For Not Applicable		
				5. Certificate	of Status Desired		.75 Additional Required		
4311 JOHN	6. Name and Address of Current Ri NN HALECKY N MOORE RD 4, FL 33511		DO NOT WRITE IN THIS SPACE						
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 hyper or runted name of registered symbol and situation of the state of Florida. I am familiar with, and accept the obligations of registered agent. Signature hyper or runted name of registered symbol and situation of the state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature hyper or runted name of registered symbol accept the obligations of registered agent. INOTE Plantature Agent denomination when reinstalling! DATE									
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$650.00 9. Election Campaign Financing Trust Fund Contribution.			ncing \$5.	.00 May Be ed to Fees					
10.	OFFICERS AND D	RECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PTD HALECKY, MARY LYNN 4311 JOHN MOORE RD BRANDON, FL 33511 D								
HAME STHEET ADDRESS CITY-ST-ZIP TITLE	HALECKY, WILLIAM A. 4311 JOHN MOORE RD BRANDON, FL 33511								
NAME STREET ADDRESS CITY-ST-ZIP					NOT W				
TITLE HAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SP	ACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U0000	0073991	78		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U5/14/I	17-5004	9-001 150.00		
12. I hereby of indicated of the corchanged	certify that the information supplied with to conthis report or supplemental report is to poration or the receiver or trustee empow, or on an attachment with an address, wi	nis filing does not qualify for the ex- nue and accurate and that my signal rered to execute this report as requi th all other like empowered.	emptions contained ture shall have the red by Chapter 601	d in Chapter 119 same regal effec 7, Florida Statute	, Florida Statutes. I t t as it made under o s; and that my name	urther certify that I am a sppears in Bl	hat the Information an officer or director ock 10 or Block 11 if		