

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000025496

1. Entity Name

OLDE TOWNE ENCHANTMENT, INC.



Principal Place of Business

1544 S. OCEANSHORE BLVD
FLAGLER BEACH FL 32136

Mailing Address

1544 S. OCEANSHORE BLVD
FLAGLER BEACH FL 32136

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

59-3419577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAUNEY, CARL F II
1544 S. OCEANSHORE BLVD
FLAGLER BEACH FL 32136

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T ☐ Delete
NAME MAUNEY, CARL F II
STREET ADDRESS 1544 S. OCEANSHORE BLVD
CITY- ST- ZIP FLAGLER BEACH FL 32136

V ☐ Delete
NAME SIMMERLINK, SCOTT
STREET ADDRESS 2003 S. 182ND CIR
CITY- ST- ZIP OMAHA NE 68130

S ☐ Delete
NAME SIMMERLINK, CATHERINE
STREET ADDRESS 2003 S. 182 CIR
CITY- ST- ZIP OMAHA NE 68130

P ☐ Delete
NAME MAUNEY, REBECCA H
STREET ADDRESS 1544 S. OCEANSHORE BLVD
CITY- ST- ZIP FLAGLER BEACH FL 32136

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☐ Change ☐ Addition
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U000000269326
03/19/05-80007-006 150.00

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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

CARL F MAUNEY

3-10-05

386 439 0089

Date

Daytime Phone #