

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90017 037 ***150.00



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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 - No P.O. Box #

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

1st MOORE

CR2E034 (10/07)



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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

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

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

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

P Delete
 TITLE NAME MAUNEY, REBECCA H
 STREET ADDRESS 1544 S. OCEANSHORE BLVD
 CITY-ST-ZIP FLAGLER BEACH FL 32136
DECEASED 11-7-07

Delete
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Change Addition
 TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08

386 439 0089

Date

Business Phone #