

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001551

FILED
Mar 23, 2009
Secretary of State

Entity Name: JUNEILS ENTERPRISES INC.

Current Principal Place of Business:

1618 ROSS DR.
DELTONA, FL 32738

New Principal Place of Business:

906 PRESCOTT BLVD.
DELTONA, FL 32738

Current Mailing Address:

1618 ROSS DR.
DELTONA, FL 32738

New Mailing Address:

906 PRESCOTT BLVD.
DELTONA, FL 32738

FEI Number: 20-8338748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COPPENS, NEIL
19 ROSEDOWN BLVD.
DEBARY, FL 32713 US

Name and Address of New Registered Agent:

COPPENS, NEIL
906 PRESCOTT BLVD.
DELTONA, FL 32738 US

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.

SIGNATURE:

03/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COPPENS, JUNE
Address: 19 ROSEDOWN BLVD.
City-St-Zip: DEBARY, FL 32713

Title: ST () Delete
Name: COPPENS, NEIL
Address: 19 ROSEDOWN BLVD.
City-St-Zip: DEBARY, FL 32713

Title: D () Delete
Name: RODRIGUEZ, JOSE
Address: 751 LELAND DRIVE
City-St-Zip: DELTONA, FL 32725

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COPPENS, JUNE
Address: 906 PRESCOTT BLVD.
City-St-Zip: DELTONA, FL 32738

Title: ST (X) Change () Addition
Name: COPPENS, NEIL
Address: 906 PRESCOTT BLVD.
City-St-Zip: DELTONA, FL 32738

Title: D (X) Change () Addition
Name: DAVIS, MARIE
Address: 938 SULLIVAN ST.
City-St-Zip: DELTONA, FL 32725

Title: D () Change (X) Addition
Name: COPELAND, ANNA
Address: 123 WENTWOOD DR.
City-St-Zip: DEBARY, FL 32713

Title: D () Change (X) Addition
Name: LAMONICA, MOIRA
Address: 940-A SMITH ST.
City-St-Zip: ORANGE CITY, FL 32763

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL F COPPENS

ST

03/23/2009

Electronic Signature of Signing Officer or Director

Date