

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90012 021 ***150.00

DOCUMENT # 427503

1. Entity Name

VIKING ENTERPRISES, INC.



Principal Place of Business

1264 CHARTER OAKS CIR
HOLLY HILL FL 32125-0807
US 32117

Mailing Address

PO BOX 250807
HOLLY HILL FL 32125-0807
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1264 CHARTER OAKS CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Holly Hill, FL

4. FEI Number

59-1485835

Applied For

Not Applicable

Zip

Country

Zip

Country

32117

Volusia

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

SAXON, BETTY JEAN
1264 CHARTER OAKS CIR
HOLLY HILL FL 32117

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 certifying to:

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SAXON, BETTY JEAN
STREET ADDRESS 1264 CHARTER OAKS CIRCLE
CITY-ST-ZIP HOLLY HILL FL 32117

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: Betty Jean Saxon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/08

386 257-6283

Date

Daytime Phone #