

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 463136**

1. Entity Name  
**THE FAMILY ENTERPRISES, INC.**



Principal Place of Business

P OBOX 10546  
P.O. BOX 10546  
RIVIERA BEACH, FL 33404 US

Mailing Address

1229 27TH ST WEST  
P.O. BOX 10546  
RIVIERA BEACH, FL 33404 US

**DO NOT WRITE IN THIS SPACE**



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number

**59-1861731**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLARKE, EVEREE  
516 20TH ST  
WEST PALM BEACH, FL 33407

**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, 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE S  
NAME STUDSTILL, JOSIE  
STREET ADDRESS 1229 25TH ST. W.  
CITY-ST-ZIP RIVIERA BEACH, FL

TITLE S  
NAME STUDSTILL, GUSSIE  
STREET ADDRESS 903 W. 2ND ST  
CITY-ST-ZIP RIVIERA BEACH, FL

TITLE VP  
NAME STUDSTILL, HENRY  
STREET ADDRESS 1229 WEST 25T ST  
CITY-ST-ZIP RIVIERA BEACH, FL

TITLE P  
NAME PERRY, CORA  
STREET ADDRESS 1229 W. 27TH ST.  
CITY-ST-ZIP RIVIERA BEACH, FL

TITLE T  
NAME STUDSTILL, OSCAR  
STREET ADDRESS 1240 3RD ST. W.  
CITY-ST-ZIP RIVIERA BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000906043  
05/02/08-80006-017 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4/15/08 (561) 242-5532  
Date Daytime Phone #