2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 463136

Entity Name: THE FAMILY ENTERPRISES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1861731 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	STUDSTILL, JOSIE	
Address:	1229 25TH ST. W.	
City-St-Zip:	RIVIERA BEACH, FL	
Title:	S	( ) Delete
Name:	STUDSTILL, GUSSIE	
Address:	903 W. 2ND ST	
City-St-Zip:	RIVIERA BEACH, FL	
Title:	VP	( ) Delete
Name:	STUDSTILL, HENRY	
Address:	1229 WEST 25T ST	
City-St-Zip:	RIVIERA BEACH, FL	
Title:	P	( ) Delete
Name:	PERRY, CORA	
Address:	1229 W. 27TH ST.	
City-St-Zip:	RIVIERA BEACH, FL	
Title:	T	( ) Delete
Name:	STUDSTILL, OSCAR	
Address:	1240 3RD ST. W.	
City-St-Zip:	RIVIERA BEACH, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORA S. PERRY PRES 04/29/2009

Electronic Signature of Signing Officer or Director — Date