

DOCUMENT # 518714

1. Entity Name
CONSTATE ENTERPRISES, INC.



Principal Place of Business
PO BOX 339
LECANTO, FL 34460 US

Mailing Address
PO BOX 339
LECANTO, FL 34460 US

COPY May Se
PAID



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1698298 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOULD, N. S.
5287 W HOMOSASSA TRAIL
LECANTO, FL 34461

**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

U00000938764
05/27/08-80103-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOULD, N.S. 5287 W HOMOSASSA TRAIL LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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

April 10, 2008

Date

Daytime Phone #

(352)
628-2255

*no record of payment - report must have
been sent without check - C. LOTT*

1-800-AMSOUTH

CONSTATE ENTERPRISES INC
P O Box 339
Lecanto, FL 34461-9335

1077

63-468/631

April 30, 08 DATE

PAY TO THE
ORDER OF

Florida Dept. of State

\$ 15000

01 MAR 2001

AMSOUTH BANK
THE RELATIONSHIP PEOPLE

FOR

59-1698298 Report sent 4/10/08
Annual filing fee

Chaire M. Lott

001077 063104668 3391681773