

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 567304

FILED
Oct 19, 2004
Secretary of State

Entity Name: C E T ENTERPRISES, INC.

Current Principal Place of Business:

GLADES COUNTY
2020 TAYLOR WOODS RD
FT MYERS, FL 33935

New Principal Place of Business:

Current Mailing Address:

1362 BRAMAN AVE
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 59-1832041 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR JR, CHARLES E.
1362 BRAMAN AVE
FORT MYERS, FL 33901 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: PD () Delete
Name: TAYLOR, PAUL E
Address: 1362 BRAMAN AVE
City-St-Zip: FT MYERS, FL 33901

Title: PS () Delete
Name: TAYLOR, EMMIE
Address: 1362 BRAMAN AVE
City-St-Zip: FT MYERS, FL 33901

Title: VPDT () Delete
Name: TAYLOR, CHARLES E
Address: 1339 BROADWATER DR
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: TAYLOR, EMMIE
Address: 1339 BROADWATER DR
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: TAYLOR, CAREN M
Address: 1362 BROADWATER DR
City-St-Zip: FORT MYERS, FL 33919

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: D (X) Change () Addition
Name: TAYLOR, CAREN M
Address: 1362 BRAMAN AVE
City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAUL E. TAYLOR

PD

10/19/2004

Electronic Signature of Signing Officer or Director

_____ Date