

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 567304

Entity Name: C E T ENTERPRISES, INC.

FILED  
Feb 27, 2009  
Secretary of State

## 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: 1339 BROADWATER  
City-St-Zip: FORT MYERS, FL 33919

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 BRAMAN AVE  
City-St-Zip: FORT MYERS, FL 33901

## 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: PAUL E TAYLOR

DIR

02/27/2009

Electronic Signature of Signing Officer or Director

Date