


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 579013	
1. Entity Name C. E. M. ENTERPRISES, INC.	

Principal Place of Business 1757 BENBOW CT APOPKA, FL 32703 US	Mailing Address 1757 BENBOW CT APOPKA, FL 32703 US
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DO NOT WRITE IN THIS SPACE



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1836740	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VEZINA, LAWRENCE & PISCITELLI, P.A. 350 E. LAS OLAS BLVD. FT. LAUDERDALE, FL 33301

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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 _____ DATE 1/21/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP MORRIS, WILLIAM H 8503 IVEYWOOD AVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD MEEKS, NORMA JEAN 8723 A. D. MIMS RD ORLANDO, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD MEEKS, CHARLES E 8723 A. D. MIMS RD ORLANDO, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Charles E. Meeks 1/21/04 407-884-9148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Charles E. Meeks - President