

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90014 007 ***158.75

DOCUMENT # 611697

1. Entity Name

ARGILA ENTERPRISES, INC.



Principal Place of Business

76 WOODSIDE DRIVE
LAKELAND FL 33813

Mailing Address

76 WOODSIDE DRIVE
LAKELAND FL 33813

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-1898304

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, MARK N., ESQ.
LANE, TROHN
ONE LAKE MORTON DRIVE
LAKELAND FL 33802

Name

Miller, Mark N., Esq.

Street Address (P.O. Box Number is Not Acceptable)

Gray - Robinson

One Lake Morton Drive

City

Lakeland

FL

Zip Code
33802

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 fee if applicable.

(NOTE: Registered Agent signature required when submitting)

Feb 15, 2008

DATE

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARRIER, W. DAVID III	
STREET ADDRESS	76 WOODSIDE DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CARRIER, LILIAN H.	
STREET ADDRESS	76 WOODSIDE DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

W. David Carrier, III

W. David Carrier, III

Feb 15, 2008 863-646-1842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone