

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 677551

FILED
Mar 02, 2007
Secretary of State

Entity Name: WITTEKIND ENTERPRISES, INC.

Current Principal Place of Business:

950 N COURTNEY PKWY
#6
MERRITT ISLAND, FL 32953 US

New Principal Place of Business:

2587 SYKES CREEK DR.
MERRITT ISLAND, FL 32953 US

Current Mailing Address:

318 HARDING AVE
COCOA BEACH, FL 32931 US

New Mailing Address:

2587 SYKES CREEK DR.
MERRITT ISLAND, FL 32953 US

FEI Number: 59-2008591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WITTEKIND, GARY
318 HARDING AVE
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

WITTEKIND, GARY
2587 SYKES CREEK DR.
MERRITT ISLAND, FL 32953 US

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: GARY WITTEKIND

03/02/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TPD () Delete
Name: WITTEKIND, GARY A.
Address: 318 HARDING AVE
City-St-Zip: COCOA BEACH, FL 32931

Title: D () Delete
Name: WITTEKIND, BRYCE
Address: 5329 SEA BISCUIT RD
City-St-Zip: PALM BCH GARDENS, FL 33418

Title: D () Delete
Name: WITTEKIND, SHANA
Address: 5329 SEA BISCUIT RD
City-St-Zip: PALM BCH GARDENS, FL 33418

Title: VP (X) Delete
Name: HENDERSON, ANGELA
Address: 318 HARDING AVE
City-St-Zip: COCOA BEACH, FL 32931

Title: S (X) Delete
Name: JAMES, JESSE
Address: 1000 WOODSMERE CIR
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TPD (X) Change () Addition
Name: WITTEKIND, GARY A MR
Address: 2587 SYKES CREEK DR.
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VPD (X) Change () Addition
Name: WITTEKIND, BRYCE A MR
Address: 2587 SYKES CREEK DR.
City-St-Zip: MERRITT ISLAND, FL 32953

Title: SD (X) Change () Addition
Name: WITTEKIND, SHANA M MS
Address: 5329 HARBOUR ISLES PLACE
City-St-Zip: NORTH PALM BEACH, FL 33410

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 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: GARY WITTEKIND

TPD

03/02/2007

Electronic Signature of Signing Officer or Director

Date