2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # 731389



FILED Feb 09, 2004 8:00 am Secretary of State

1. Entity Name COMMUNITY ENTERPRISE INVESTMENTS, INC.							02-09-200	4 900 3 4 0	018 ****7	70.00	
302 N. BARCELONA ST. 302 I				ig Address N. BARCELONA ST. SACOLA, FL 32501			1.00111.15858	y Hini linen ilini ihil ä iä	1 81211 STBIL STBIL	. 2.24 BISA SIBN	(III 8) 18 2 1
2. Principal Place of Business 3. Mail				iling Address							
Suite, Apt. #, etc. Su			uite, Apt. #, etc.			02022004	Chg-NP	CR2E03	7 (10/03)		
			ty & State			4. FEI Number 59-1586520			Not	plied For t Applicable	
Zip 3250 3		Country		502	Country			of Status Desired	<u>Б</u>	\$8.75 Addi Fee Required	
							7. Name and	Address of New I	registered A	gent	
HORVATH, DANIEL R 302 N BARCELONA ST PENSACOLA, FL 32501						Name Street Address (P.O. Box Number is Not Acceptable)					
•					C	ity			FL	Zip Code	,
	named entity ions of regist	y submits this statementered agent.	nt for the purpo	ose of changing its	1 s registered o	ffice or registe	ered agent, or both	n, in the State of Fl		1 amiliar with, a	and accept
SIGNATURE .	Signature, typed	or printed name of registered as	gent and title if app	ficable. (NO	TE: Registered Age	ent signature require	ed when reinstating)		DATE		
SIGNATURE .	Filing Fe	or printed name of registered at the Is \$61.25 May 1, 2004	gent and title if app	9. Election Ca		ncing	ed when reinstating) \$5.00 May Be Added to Fees		DATE flake check rida Depart		
SIGNATURE .	Filing Fe Due by N	e is \$61.25		9. Election Ca Trust Fund	impaign Finar Contribution.	ncing	\$5.00 May Be Added to Fees		lake check	MECTORS IN	10
	Filing Fe Due by N T CANNON 700 WES	e is \$61.25 Nay 1, 2004	DIRECTORS	9. Election Ca	impaign Finar Contribution.	Tre	\$5.00 May Bo Added to Fees ADDITIONS/CHA easurer ewis, Dear 0 W. Gard	Fio INGES TO OFFICI na den Stree	flake check rida Depart ERS AND DIR	ment of St	ate
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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)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an arrangement with an address with all other like empowered.