


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90034 012 *****70.00

DOCUMENT-#731389	
1. Entity Name COMMUNITY ENTERPRISE INVESTMENTS, INC.	

Principal Place of Business 302 N. BARCELONA ST. PENSACOLA, FL 32501	Mailing Address 302 N. BARCELONA ST. PENSACOLA, FL 32501
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

00007340



01072005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1586520		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
Name HORVATH, DANIEL R		Name
Street Address (P.O. Box Number is Not Acceptable) 302 N BARCELONA ST		Street Address (P.O. Box Number is Not Acceptable)
City PENSACOLA, FL-32501		City
State FL		State
Zip Code		Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, DEANA	NAME	
STREET ADDRESS	220 W. GARDEN STREET	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32502	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORVATH, DANIEL R	NAME	
STREET ADDRESS	302 N. BARCELONA STREET	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32502	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, RALPH	NAME	
STREET ADDRESS	1820 W. JORDAN ST.	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32503	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LESTER	NAME	
STREET ADDRESS	517 W. STRONG ST.	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32502	CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, WILLIAM	NAME	
STREET ADDRESS	2550 NOR TH 15TH AVE	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32501	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 attachment with an address with all other like empowered.

SIGNATURE *Daniel R. Horvath* 1/25/05 800/995-6271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #