

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003502

Entity Name: MUNN ENTERPRISES, INC.

FILED
Mar 26, 2008
Secretary of State

Current Principal Place of Business:

7712 US HWY 49 NORTH
HATTIESBURG, MS 39402

New Principal Place of Business:

Current Mailing Address:

7712 US HWY 49 NORTH
HATTIESBURG, MS 39402

New Mailing Address:

FEI Number: 64-0723796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MUNN, EVERETTE C
Address: 347 MUNN ROAD
City-St-Zip: SUMRALL, MS 39482

Title: ST () Delete
Name: MUNN, GLYNDA F
Address: 347 MUNN ROAD
City-St-Zip: SUMRALL, MS 39482

Title: V () Delete
Name: MUNN, E. HAROLD
Address: 334 MUNN ROAD
City-St-Zip: SUMRALL, MS 39482

Title: V () Delete
Name: MUNN, HOWARD C
Address: 320 MUNN ROAD
City-St-Zip: SUMRALL, MS 39482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: MUNN, EVERETTE H
Address: 334 MUNN ROAD
City-St-Zip: SUMRALL, MS 39482

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: EVERETTE HAROLD MUNN

VP

03/26/2008

Electronic Signature of Signing Officer or Director

Date