


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G18207</b> 1. Entity Name <b>E. LAUNDEANE ENTERPRISES, INC.</b>	
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Principal Place of Business <b>16970 NE 243RD ST RD PO BOX 60 FT. MCCOY, FL 32134-7060</b>	Mailing Address <b>16970 NE 243RD ST RD PO BOX 60 FT. MCCOY, FL 32134-7060</b>
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02162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2280722</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>LAUNDEANE, EDDIE L. 16970 NE 243RD ST RD FT. MCCOY, FL 33134</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAUNDEANE, EDDIE L. 16970 NE 243RD ST RD FT. MCCOY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LAUNDEANE, JACQUELINE L. 16970 NE 243RD ST RD FT. MCCOY, FL
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<p>U000000721056 05/01/07-80130-010 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** JACQUELINE LAUNDEANE, SECRETARY  
*Jacqueline Laundean*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07 (352) 546-1119  
Date Daytime Phone #