

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # G18207

1. Entity Name
E. LAUNDEANE ENTERPRISES, INC.



Principal Place of Business
16970 NE 243RD ST RD
PO BOX 60
FT. MCCOY, FL 32134-7060

Mailing Address
16970 NE 243RD ST RD
PO BOX 60
FT. MCCOY, FL 32134-7060



02232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2280722

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAUNDEANE, EDDIE L.
16970 NE 243RD ST RD
FT. MCCOY, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000308660
05/06/08-80041-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LAUNDEANE, EDDIE L
STREET ADDRESS	16970 NE 243RD ST RD
CITY-ST-ZIP	FT. MCCOY, FL
TITLE	STD
NAME	LAUNDEANE, JACQUELINE L.
STREET ADDRESS	16970 NE 243RD ST RD
CITY-ST-ZIP	FT. MCCOY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 Laundane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/08

Date

(352) 546-1119

Daytime Phone #