2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # H46563 Feb 09, 2005 08:00 AM 1. Entity Name **Secretary of State** DON & JEAN GORDON ENTERPRISE, INC. Principal Place of Business Mailing Address 138 MENENDEZ RD 138 MENENDEZ RD ST AUGUSTINE FL 32080 ST AUGUSTINE FL 32080 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-2521106 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REGISTERED CORPORATE AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 612 S. GREENWOOD AVE. **CLEARWATER FL 34616** Zip Code City FI 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 DATE Signature, typed or printed name of registered egent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10, 11. ☐ Change Addition TITLE **PST** ☐ Delete THE NAME NAME GORDON, JEAN STREET ADDRESS STREET ADDRESS 138 MENENDEZ RD. CHY-ST-ZIP ST AUGUSTINE FL 32080 CITY-ST-ZIP Change ☐ Addition ☐ Delete DIE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP ☐ Change Addition ☐ Delete ıπι€ THILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP Change ☐ Addition THEF ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7P Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Addition ☐ Delete TITLE TITLE 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 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: JOH JOHN JEAN GORDON 2-07-05 (90H) 829-8963