

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H54069

FILED
Feb 23, 2009
Secretary of State

Entity Name: EXECUTIVE ENTERPRISES, INC. OF HOBE SOUND

Current Principal Place of Business:

% WILLIAM T. INGRAM, JR.
11130 S.E. FEDERAL HWY.
HOBE SOUND, FL 334555119 US

New Principal Place of Business:

Current Mailing Address:

% WILLIAM T. INGRAM, JR.
11130 S.E. FEDERAL HWY.
HOBE SOUND, FL 334555119

New Mailing Address:

FEI Number: 59-2539228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INGRAM, SR., WILLIAM T D
11130 S.E. FEDERAL HWY.
HOBE SOUND, FL 334555119 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: PD () Delete
Name: INGRAM, JR., WILLIAM T
Address: 7845 SE TRENTON AVE
City-St-Zip: HOBE SOUND, FL 334555848

Title: VD () Delete
Name: WAGNER, PEGGY L
Address: 8962 S.E. CERES STREET
City-St-Zip: HOBE SOUND, FL 334555404

Title: TSD () Delete
Name: INGRAM, V. INELL
Address: 5909 LOXAHATCHEE PINES DRIVE
City-St-Zip: JUPITER, FL 334583477

Title: D () Delete
Name: LESLIE, JEFFREY S
Address: 111 GOLFVIEW DRIVE
City-St-Zip: TEQUESTA, FL 334691920

Title: D () Delete
Name: INGRAM, WILLIAM T
Address: 5909 LOXAHATCHEE PINES DRIVE
City-St-Zip: JUPITER, FL 334583477

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: INELL INGRAM

S-T

02/23/2009

Electronic Signature of Signing Officer or Director

_____ Date