2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # H64341

1. Entity Name
FAMILY GROUP ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4920 BERNEY AVENUE PARKER, FL 32404	4920 BERNEY AVENUE PARKER, FL 32404

DO NOT WRITE IN THIS SPACE

05032004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2713093
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DESIENO, CARL
4920 BERNEY AVE.
SUITE 1
PARKER, FL 32404

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	YELTON, FLOYD
STREET ADDRESS	4920 BERNY AVE
CITY-ST-ZIP	PARKER, FL
TITLE	TD
NAME	DESIENO, CARL
STREET ADDRESS	4920 BERNEY AVE
CITY-ST-ZIP	PARKER, FL
TITLE	D
NAME	BARTLETT, ELIZABETH
STREET ADDRESS	517 DOBBIN DR.
CITY-ST-ZIP	PARIS, KY
TITLE	D
NAME	DESIENO, CARL M.
STREET ADDRESS	44 BATEAU TERR.
CITY-ST-ZIP	ROCHESTER, NY
TITLE	PD
NAME	DESIENO, JOSEPH
STREET ADDRESS	3751 APPIAN WAY #80
CITY-ST-ZIP	LEXINGTON, KY
TITLE	SD
NAME	MARLENE LEHNER
STREET ADDRESS	63 W MEADOW RD
CITY-ST-ZIP	SETAUKET, NY

U00000155573
05/05/04-80043-008 150.00

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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: Carl DeSieno (CARL DESIENO) TREAS 5-3-04 850-785-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #