## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED DOCUMENT # J00097 ENON COUNTRY MANOR, INC. 08 SEP -8 PM 12: 37 SECRETARY OF STATE Principal Place of Business Mailing Address TALLIAHASSEE. FLORIBA 7701 ENON SCHOOL RD. 7701 ENON SCHOOL RD. WALNUT HILL, FL 32568 WALNUT HILL, FL 32568 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09082008 CR2E034 (12/06) Cha-P Applied For 4. FFI Number City & State City & State 59-2840900 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GREGORY, ALFRED Q Street Address (P.O. Box Number is Not Acceptable) 7000 LINDSGOG STREET PENSACOLA, FL 32506 Zip Code City FΙ 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 NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 12, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ■ Addition TITLE Change ☐ Detete TITLE GREGORY, ALFRED Q NAME NAME STREET ADDRESS 7000 LINDSKOG ST STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32506 CITY-\$1-ZIP G00135964838 09/16/08--01020--022 \*\*15 ☐ Addition TITLE ☐ Delete TITLE NAME NAME \*\*150.00STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete ☐ Channe TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TIFLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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.

GRESUR

OFFICER OR DIRECTOR

Daytime Phone 4