

2013 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K73620

1. Entity Name
GENDRON ENTERPRISE, INC.



Principal Place of Business
4901 NE 12TH STREET
OAKLAND PARK, FL 33334 US

Mailing Address
4901 NE 12TH STREET
OAKLAND PARK, FL 33334 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LOVELL, EDWARD H
840 N.E. 20TH AVE.
FT. LAUDERALE, FL 33304

11042013 Chg-P CR2E034 (12/11)

4. FEI Number
65-0186820

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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's signature is required when reinstating.)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 27, 2013

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVTS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LOVELL, EDWARD H	NAME	
STREET ADDRESS	840 N.E. 20TH AVE.	STREET ADDRESS	700253660177
CITY- ST- ZIP	FT. LAUDERALE, FL 33304	CITY- ST- ZIP	11/07/13-01030-002 **150.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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 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 507, 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: *Eddie Lovell* 11-4-13 eddie.lovell@hotmail.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS

FILED

13 JAN -8 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA





Annual Report Filing History

Search By Document ID

k73620

Search

Session

Transaction ID	Description	Filing Stage
k73620-15df88fb-5cf8-48c9-b004-30482d8a10ab	Session file for k73620 with last modified date of 1/9/2013 8:53:20 AM Eastern Standard Time	PaymentPage
k73620-88005fce-dd8a-4113-aa79-9993b6297d07	Session file for k73620 with last modified date of 1/8/2013 5:14:29 AM Eastern Standard Time	Edit
k73620-e4365527-e8b6-4063-96c4-644094a74872	Session file for k73620 with last modified date of 1/8/2013 5:42:29 AM Eastern Standard Time	PaymentPage

Transactions

Transaction ID	Document ID	Filing Fee	Filing Status	Filing Date
k73620-15df88fb-5cf8-48c9-b004-30482d8a10ab	K73620	150	0	1/9/2013 8:53:24 AM
K73620-66740dba-e850-4b94-9b2f-68bcfb2d406c	K73620	0	2	2/13/2012 12:00:00 AM
k73620-e4365527-e8b6-4063-96c4-644094a74872	K73620	150	0	1/8/2013 5:42:37 AM
K73620-ea11c0c1-5ff9-4020-8d51-d7efb5743a20	K73620	0	2	1/5/2010 12:00:00 AM
K73620-ee529943-460d-4c6a-a4be-f633d8e35964	K73620	0	2	1/10/2011 12:00:00 AM

