2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K97917

1. Entity Name
DEPUE ENTERPRISES INC.

Principal Place of Business	Mailing Address
1472 19TH ST. PALM HARBOR, FL 34683 US	PO BOX 63 PALM HARBOR, FL 34682-0063

FILED
Apr 05, 2006 8:00 am
Secretary of State
04-05-2006 90135 026 ***150.00

40043779

01152006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2933879	Not Applicable

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

6. Name and Address of Current Registered Agent

DEPUE, LEROY
1472 19TH ST.
PALM HARBOR, FL 34683

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 signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEPUE, LEROY
STREET ADDRESS	1472 19TH STREET
CITY-ST-ZIP	PALM HARBOR, FL 34683

TITLE	D
NAME	DEPUE, KAREN
STREET ADDRESS	1472 19TH STREET
CITY-ST-ZIP	PALM HARBOR, FL 34683

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
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 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: _____   4/3/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #