

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90103 024 ****50.00

DOCUMENT # L05000009280

1. Entity Name
PROFIT ENTERPRISES, LLC



Principal Place of Business
**1271 WINDSOR PLACE
JACKSONVILLE, FL 32205**

Mailing Address
**1271 WINDSOR PLACE
JACKSONVILLE, FL 32205**



02112007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2385519	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, SUSAN C
1271 WINDSOR PLACE
JACKSONVILLE, FL 32205**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RILEY, WILLIAM J 1271 WINDSOR PL JACKSONVILLE, FL 32205
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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #