

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90022 003 ***150.00

DOCUMENT # L36730

1. Entity Name
ENTERPRISES OF C & S, INC.



Principal Place of Business
MANNY'S PIZZA V
487 S NOVA RD.
ORMOND BEACH, FL 32174

Mailing Address
MANNY'S PIZZA V
487 S NOVA RD.
ORMOND BEACH, FL 32174

40099698



02112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3009920

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANOLAS, MANNY
~~19 LAUREL OAKS CIR~~ 4 Carrington Ln
ORMOND BEACH, FL 32174

**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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME PAPPAS, LAMBROS
STREET ADDRESS 487 NOVA RD. S
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE VPT
NAME MANOLAS, MANUEL
STREET ADDRESS 4 CARRINGTON LANE
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08

Date

(386) 676-9901

Daytime Phone #