

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90054 013 ***150.00

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04112007 Chg-P CR2E034 (12/06)

DOCUMENT # L54919 1. Entity Name AWESOME ENTERPRISES, INC.					
Principal Place of Business 7301 WALLIS ROAD WEST PALM BEACH, FL 33413			Mailing Address 7301 WALLIS ROAD WEST PALM BEACH, FL 33413		
2. Principal Place of Business - No P.O. Box # 100 Truck + Trailer Way Suite, Apt. #, etc.		3. Mailing Address 100 Truck + Trailer Way Suite, Apt. #, etc.			
City & State West Palm Beach Florida Zip 33413 Country USA		City & State West Palm Beach, Florida Zip 33413 Country USA		4. FEI Number 65-0181817	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent EVANS, ALEX 7301 WALLIS ROAD WEST PALM BEACH, FL 33413			7. Name and Address of New Registered Agent Name Evans, Alex Street Address (P.O. Box Number is Not Acceptable) 100 Truck + Trailer Way City West Palm Beach FL Zip Code 33413		
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	DP EVANS, ALEX 7301 WALLIS ROAD WEST PALM BEACH, FL 33413	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EVANS, ALEX 7301 WALLIS ROAD WEST PALM BEACH, FL 33413	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EVANS, SUSAN 7301 WALLIS ROAD WEST PALM BEACH, FL 33413	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete			
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		
Date			Daytime Phone #		