

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90411 038 ***150.00

DOCUMENT # L61033

1. Entity Name
MENARD ENTERPRISES, INC.



Principal Place of Business
**6355 SE AMES WAY
HOBE SOUND, FL 33455**

Mailing Address
**6355 SE AMES WAY
HOBE SOUND, FL 33455**

40007010



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

3. Mailing Address

04182008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2519643

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MENARD, RENE
6355 SE AMES WAY
HOBE SOUND, FL 33455**

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

René Menard

RENE MENARD PRES.

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 **D** ☐ Delete
NAME **MENARD, RENE**
STREET ADDRESS **6355 SE AMES WAY**
CITY - ST - ZIP **HOBE SOUND, FL 33455**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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:

René Menard

04-18-08 772-545-7486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

40087813

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Document Number L61033

Business Entity Name MENARD ENTERPRISES, INC.

FEI Number 59 - 2519643

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status ☐ \$8.75 (Optional)Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address 6355 SE AMES WAY (PO Box not acceptable)

Suite, Apt. #, etc.

City, State HOBE SOUND, FL

Zip Code & Country 33455

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

☒ Mailing address same as principal address

Address 6355 SE AMES WAY

Suite, Apt. #, etc.

City, State HOBE SOUND, FL

Zip Code & Country 33455

Name And Address of Registered Agent

Name (Last, First, Middle, Title) MENARD, RENE, PRES.

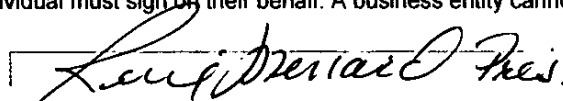
- OR -

Business to serve as RA MENARD, RENE

#61033

Street Address In Florida 6355 SE AMES WAY (PO Box not acceptable)
Suite, Apt. #, etc.
City, State HOBE SOUND, FL
Zip Code & Country 33455 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address**Name And Address #1**

Title D
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director MENARD, RENE

Street Address 6355 SE AMES WAY
City, State HOBE SOUND, FL
Zip Code & Country 33455

Name And Address #2

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address
City, State
Zip Code & Country

Name And Address #3

Title

Zip Code & Country

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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