

FILED
Aug 09, 2005 8:00 am
Secretary of State

08-09-2005 90004 043 ***150.00

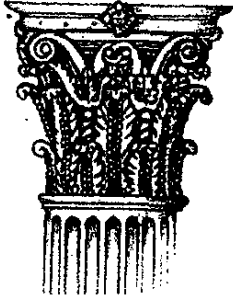
**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # L80423 1. Entity Name CECIL ENTERPRISES, INC.					
Principal Place of Business C/O MARVIN C. CECIL, JR. 5060 5TH AVENUE NORTHWEST NAPLES, FL 33999			Mailing Address C/O MARVIN C. CECIL, JR. 5060 5TH AVENUE NORTHWEST NAPLES, FL 33999		
2. Principal Place of Business 5959 PINE RIDGE RD Suite, Apt. #, etc.			3. Mailing Address SAME AS #2 Suite, Apt. #, etc.		
City & State NAPLES FL		City & State _____		4. FEI Number 65-0201065	
Zip 34119		Country _____		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CECIL, MARVIN C JR. 5060 5TH AVENUE, N.W. APT. 104 NAPLES, FL 33999				7. Name and Address of New Registered Agent Name MARVIN C. CECIL Street Address (P.O. Box Number is Not Acceptable) 5060 HICKORY WOOD DR City NAPLES State FL Zip Code 34119	
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 _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust: Fund Contributor ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (11-11)		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PVS CECIL, MARVIN C JR 5060 5TH AVENUE, N.W. NAPLES, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PVS CECIL, MARVIN C JR 5060 HICKORY WOOD DR NAPLES, FL 34119	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T CECIL, MARVIN C JR. 5060 5TH AVE, N.W. NAPLES, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	_____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	_____	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	_____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	_____	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	_____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	_____	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	_____	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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 this corporation; that I am a resident of this state; and that I am not a resident of any other state; that I am not a resident of any other state; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.					
SIGNATURE: 7/29/05					

50060758



03022005 Chg-P CR2E034 (10/03)



ATTACHMENT

52060075-8

H. Michael Magruder, CPA LLC

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Naples, FL 34104-6147

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www.mikemagruder.com

July 29, 2005

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Cecil Enterprises, Inc.
L80423

Gentlemen,

Attached is a copy of the 2005 Uniform Business Report along with a replacement check in the amount of \$150.

The return was filed before the due date and the original check has never been cashed.

Please accept this report and payment as being timely filed.

Thank you in advance for your cooperation.

Sincerely,

H. Michael Magruder, CPA