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Secretary of State
08-09-2005 90004 043 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L80423

1. Entity Name
CECIL ENTERPRISES, INC.

50060758

Principal Place of Business	Mailing Address
C/O MARVIN C. CECIL, JR. 5060 5TH AVENUE NORTHWEST NAPLES, FL 33999	C/O MARVIN C. CECIL, JR. 5060 5TH AVENUE NORTHWEST NAPLES, FL 33999

03022005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
5959 PINE RIDGE RD		SAME AS #2	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: NAPLES FL		City & State	
Zip: 34119	Country	Zip	Country

4. FEI Number: 65-0201065 ☐ Applied For ☐ Not Applicable

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 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 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	PVS CECIL, MARVIN C JR 5060 5TH AVENUE, N.W. NAPLES, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST CECIL, MARVIN C. JR 5060 HICKORY WOOD DR NAPLES, FL 34119	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CECIL, MARVIN C JR. 5060 5TH AVE, N.W. NAPLES, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-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)(i), 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] 7/29/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

ATTACHMENT
SV06075-8

H. Michael Magruder, CPA LLC
2770 South Horseshoe Drive, Suite #1
Naples, FL 34104-6147
Phone (239) 649-3272
Fax (239) 649-3273

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