

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

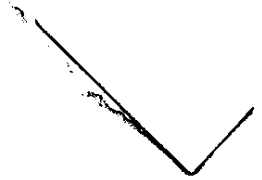
02-02-2006 90075 031 ***150.00

DOCUMENT # M85419 1. Entity Name EILEEN WILEY ENTERPRISES, INC.			
Principal Place of Business ROUTE 2 BOX 609 MICANOPY FL 32667 US		Mailing Address EILEEN J WILEY 9420 NW 227TH PL MICANOPY FL 32667 US	
2. Principal Place of Business 1311 SE 149 PL. Suite, Apt. #, etc.		3. Mailing Address Same 1311 SE 149 PL. Suite, Apt. #, etc.	
City & State Micanopy, FL Zip 32667 Country		City & State Micanopy, FL Zip 32667 Country	
4. FEI Number 65-0055426		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILEY, EILEEN 9420 NW 227 PLACE MICANOPY FL 32667		7. Name and Address of New Registered Agent Name Wiley, Eileen Street Address (P.O. Box Number is Not Acceptable) 1311 SE 149 PL. City Micanopy FL Zip Code 32667	
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 <u><i>Eileen Wiley / Eileen Wiley</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PST WILEY, EILEEN 9420 NW 227 PLACE MICANOPY FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP WILEY, EILEEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP O WILEY, EILEEN 769 N.E. 75TH ST. MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Eileen Wiley</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/27/06</u> Daytime Phone # <u>352/466-0263</u>	



ATTACHMENT

66003204



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2006

EILEEN WILEY ENTERPRISES, INC.
EILEEN J WILEY
9420 NW 227TH PL
MICANOPY, FL 32667 US

Subject: EILEEN WILEY ENTERPRISES, INC.

Reference Number:

M85419

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

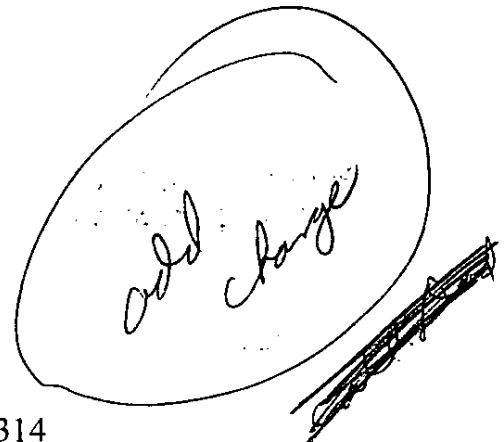
The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION



P.O. BOX 6327 - Tallahassee, Florida 32314