

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002050

FILED
Apr 28, 2005
Secretary of State

Entity Name: VIRTUOUS WOMAN ENTERPRISES, INC.

Current Principal Place of Business:

3975 E. MICHIGAN AVENUE
FT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

PO BOX 669
FT. MYERS, FL 33902

New Mailing Address:

FEI Number: 03-0455369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANDOLPH, MICHAEL D
1619 JACKSON ST
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BANKS, TRESHA
Address: 3975 E. MICHIGAN AVENUE
City-St-Zip: FT MYERS, FL 33905

Title: D () Delete
Name: BANKS, ANTHONY W
Address: 3975 E. MICHIGAN AVENUE
City-St-Zip: FT MYERS, FL 33905

Title: D () Delete
Name: BROWN, CAROLYN E
Address: 164 PALM TREE LANE
City-St-Zip: FT MYERS, FL 33916

Title: D () Delete
Name: JOHNSON, TANYA
Address: 3605 40 STREET SW
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D () Delete
Name: KIRK, MICHAEL
Address: 7925 PRESERVE CIR #323
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: GLOVER, WILLIAM
Address: 6390 ASTORIA
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GLOVER, WILLIAM
Address: 12902 IVORY STONE LOOP
City-St-Zip: FORT MYERS, FL 33913

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRESHA BANKS

D

04/28/2005

Electronic Signature of Signing Officer or Director

Date