

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000010423

1. Entity Name
FAMILY ENTERPRISING, INC.



Principal Place of Business
**18720 ARBOR DR
LUTZ, FL 33548-5007**

Mailing Address
**18720 ARBOR DR
LUTZ, FL 33548-5007**



04182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0539675

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARVER, VICKIE
18720 ARBOR DR
LUTZ, FL 33548-5007**

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARVER, STUART 18720 ARBOR DR LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PELLEGRINO, MICHAEL 5713 13TH ST ZEPHYRHILLS, FL 33542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T METCALF, LEE 11906 TREVINO PLACE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARVER, VICKIE 18720 ARBOR DR LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELLEGRINO, WENDY 5713 13TH ST ZEPHYRHILLS, FL 33542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000938105
05/27/08-80077-015 61.25

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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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stuart Carver **Stuart Carver** 4-27-08 813.386.7519