

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010721

FILED
Apr 30, 2008
Secretary of State

Entity Name: DWELL ENTERPRISES, INC

Current Principal Place of Business:

11555 SEDGEMOORE DR N
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

11555 SEDGEMOORE DR N
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 26-1368599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JETT, JAMES O
6542 COLGATE RD
JACKSONVILLE, FL 32217 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: LEITNER, MARK
Address: 11555 SEDGEMOORE DR N
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: JETT, ELLEN MARIE
Address: 6542 COLGATE RD
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: LEITNETR, ALANA
Address: 11555 SEDGEMOORE DR N
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: LEITNER, PHIL
Address: 4259 WINDERGATE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: JETT, JAMES
Address: 6542 COLGATE RD
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: LEITNER, MEGAN
Address: 4259 WINDERGATE DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: LEITNER, ALANA
Address: 11555 SEDGEMOORE DR N
City-St-Zip: JACKSONVILLE, FL 32223

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARK LEITNER

P/D

04/30/2008

Electronic Signature of Signing Officer or Director

Date