

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000000304

1. Entity Name
ENLIGHTENMENT SERVICES INC.



Principal Place of Business Mailing Address

111 BEACH STREET **111 BEACH STREET**
PONCE INLET, FL 32127 **PONCE INLET, FL 32127**

DO NOT WRITE IN THIS SPACE



07212006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3621509 Not Applicable

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

6. Name and Address of Current Registered Agent

CONNOLLY, ELIDA C
111 BEACH STREET
PONCE INLET, FL 32127

DO NOT WRITE 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.

U00000573289
 08/03/06-80003-021 150.00

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | D |
| NAME | CONNOLLY, ELIDA C |
| STREET ADDRESS | 111 BEACH STREET |
| CITY-ST-ZIP | PONCE INLET, FL 32127 |
| TITLE | D |
| NAME | CONNOLLY, JOHN F |
| STREET ADDRESS | 111 BEACH STREET |
| CITY-ST-ZIP | PONCE INLET, FL 32127 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____