


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P00000009840</b>                |  |
| 1. Entity Name<br>EL BETHEL ENTERPRISES, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>217 SOUTH DEERWOOD AVENUE<br>ORLANDO, FL 32825 | Mailing Address<br>217 SOUTH DEERWOOD AVENUE<br>ORLANDO, FL 32825 |
|---|---|

DO NOT WRITE IN THIS SPACE



04082008 No Chg-P CR2E034 (11/05)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-3621159                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CLARK, ROGER  
217 SOUTH DEERWOOD AVENUE  
ORLANDO, FL 32825

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CLARK, ROGER<br>217 SOUTH DEERWOOD AVENUE<br>ORLANDO, FL 32825  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CLARK, LINNIE<br>217 SOUTH DEERWOOD AVENUE<br>ORLANDO, FL 32825 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

DO NOT WRITE IN THIS SPACE

U000000893106  
04/23/08-80092-005 150.00

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:**  **4/8/08 407 273-1592**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #