

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000020350

FILED  
Feb 04, 2007  
Secretary of State

Entity Name: GOMES ENTERPRISES, INC.

## Current Principal Place of Business:

P.O. BOX 3987  
SEMINOLE, FL 33775

## New Principal Place of Business:

10956 72ND AVE  
SEMINOLE, FL 33772

## Current Mailing Address:

P.O. BOX 3987  
SEMINOLE, FL 33775

## New Mailing Address:

FEI Number: 59-3643668      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOMES, CHRISTINE  
13345 PINE BARK COURT  
LARGO, FL 33774 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GOMES, GEORGE  
Address: P.O. BOX 3987  
City-St-Zip: SEMINOLE, FL 33775

Title: D ( ) Delete  
Name: GOMES, CHRISTINE  
Address: P.O. BOX 3987  
City-St-Zip: SEMINOLE, FL 33775

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE GOMES

P

02/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date