

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000110389

FILED
Mar 03, 2005
Secretary of State

Entity Name: SENEKAL ENTERPRISES INC.

Current Principal Place of Business:

16802 LANDINGS POINTE LANE
#108
TAMPA, FL 33624

Current Mailing Address:

16802 LANDINGS POINTE LANE
#108
TAMPA, FL 33624

New Principal Place of Business:

8617 E COLONIAL DRIVE
1500
ORLANDO, FL 32817 US

New Mailing Address:

PO BOX 677040
ORLANDO, FL 32867 US

FEI Number: 59-3713615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SENEKAL, DELMAINE
16802 LANDINGS POINTE LANE
NO. 108
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

SENEKAL, DELMAINE
8617 E COLONIAL DRIVE
1500
ORLANDO, FL 32817 US

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: DELMAINE SENEKAL

03/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: M () Delete
Name: SENEKAL, DELMAINE
Address: 16802 LANDINGS POINTE LANE NO. 108
City-St-Zip: TAMPA, FL 33624

Title: T () Delete
Name: SENEKAL, ANNA
Address: 16802 LANDINGS POINTE LANE 108
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M (X) Change () Addition
Name: SENEKAL, DELMAINE
Address: 8617 E COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32817

Title: S (X) Change () Addition
Name: SENEKAL, ANNA
Address: 8617 E COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32817

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DELMAINE SENEKAL

M

03/03/2005

Electronic Signature of Signing Officer or Director

Date