

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2008 8:00 am**  
**Secretary of State**

03-26-2008 90022 006 \*\*\*150.00

<b>DOCUMENT # P00000111657</b> 1. Entity Name <b>MENENDEZ ENTERPRISES - LAKE CITY, INC.</b>			
Principal Place of Business <b>1882 S ASHE CT AUBURN, AL 36830</b>		Mailing Address <b>1882 S ASHE CT AUBURN, AL 36830</b>	
2. Principal Place of Business - No P.O. Box # <b>3773 SW 21st St</b>		3. Mailing Address <b>3773 SW 21st St</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Gainesville, FL</b>		City & State <b>Gainesville, FL</b>	
Zip <b>32608</b>		Zip <b>32608</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-1071985</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WICKMAN &amp; WYCKOFF, P.A. 4909 MANATEE AVENUE WEST BRADENTON, FL 34209</b>		7. Name and Address of New Registered Agent Name <b>Richard Menendez</b> Street Address (P.O. Box Number is Not Acceptable) <b>3773 S.W. 21st Street</b> City <b>Gainesville</b> FL Zip Code <b>32608</b>	
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 <b>Richard Menendez</b> <i>Richard Menendez</i> <b>2-12-08</b> <small>(NOTE: Registered agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENDENDEZ, RICHARD 1882 S ASHE CT AUBURN, AL 36830	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3773 SW 21st Street Gainesville FL 32608</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MENDENEZ, KATHLEEN B 1882 S ASHE CT AUBURN, AL 36830	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3773 S.W. 21st St Gainesville, FL 32608</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MENENDEZ, CHRISTINE 1882 S ASHE CT AUBURN, AL 36830	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Richard Menendez</i> <b>Richard Menendez</b> <b>2-12-08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>334-558-6988</b> <small>Date Daytime Phone #</small>	