

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90064 033 \*\*\*150.00

**DOCUMENT # P01000025312**

1. Entity Name  
**DOUBLE EE ENTERPRISE, INC.**



Principal Place of Business  
**DOUBLE EE FARM  
2350 SW 55TH RD.  
OCALA, FL 34474 US**

Mailing Address  
**DOUBLE EE FARM  
2950 SW 53 STREET  
OCALA, FL 34474 US**

**50014668**



2. Principal Place of Business  
**2450 SW 55TH ST RD**  
Suite, Apt. #, etc.

3. Mailing Address  
**2450 SW 55TH ST RD**  
Suite, Apt. #, etc.

01212005 Chg-P CR2E034 (10/03)

City & State  
**OCALA, FL**  
Zip  
**34474** Country  
**MARION**

City & State  
**OCALA, FL**  
Zip  
**34474** Country  
**MARION**

4. FEI Number  
**59-3706389** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**ERP, HARVEY D  
2950 SW 53 ST  
OCALA, FL 34474**

7. Name and Address of New Registered Agent

Name **SAME**  
Street Address (P.O. Box Number is Not Acceptable)  
**2450 SW 55TH ST RD**  
City **OCALA** FL Zip Code **34474**

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 ☒ **Harvey D**

**2/10/05**  
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  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
ERP, HARVEY D  
2950 SW 53 ST  
OCALA, FL 34474** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
ERP, BRENDA J  
2950 SW 53 ST  
OCALA, FL 34474** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
THOMPSON, LORI A  
2950 SW 53 ST  
OCALA, FL 34474** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2450 SW 55TH ST RD  
OCALA, FL 34474** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2450 SW 55TH ST RD  
OCALA, FL 34474** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2450 SW 55TH ST RD  
OCALA, FL 34474** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: **Harvey D**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/10/05** **352-873-4102**  
Date Daytime Phone #