

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90015 046 \*\*\*150.00

**DOCUMENT # P01000109149**

1. Entity Name

E & N OF LAKE MARY FL INC



Principal Place of Business  
600 COLONIAL CERBER  
LAKE MARY FL 32740  
US

Mailing Address  
630 QUENSBRIDGE  
LAKE MARY FL 32746  
US



2. Principal Place of Business - No P.O. Box #

600 Colonial Cerber

Suite, Apt. #, etc.

3. Mailing Address

630 Quensbridge Dr

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Lake Mary FL

City & State

Lake Mary FL

4. FEI Number

59-3758950

Applied For

Not Applicable

Zip

32746

Country

USA

Zip

32746

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KAYAL, NADIA  
630 QUENSBRIDGE DR  
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Joe Kayal

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-21-08

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME KAYAL, JOE  
STREET ADDRESS 630 QUENSBRIDGE DRIVE  
CITY-ST-ZIP LAKE MARY FL 32746

TITLE V ☐ Delete  
NAME KAYAL, NADIA  
STREET ADDRESS 630 QUENSBRIDGE DRIVE  
CITY-ST-ZIP LAKE MARY FL 32746

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Joe Kayal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #