

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P01000109149

1. Entity Name

E & N OF LAKE MARY FL INC



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

04-02-2008 90015 046 ***150.00



1st MOORE CR2E034 (10/07)

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

Mailing Address
630 QUENSBIDGE
LAKE MARY FL 32746
US

2. Principal Place of Business - No P.O. Box #
600 Colonial Pl
Suite, Apt. #, etc.
3. Mailing Address
630 quensbridge Dr
Suite, Apt. #, etc.

City & State
Lake Mary FL
Zip *32746* Country *USA*
Zip *32746* Country *USA*

6. Name and Address of Current Registered Agent

KAYAL, NADIA
630 QUENSBIDGE DR
LAKE MARY FL 32746

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 restating)

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 \$5.00 May Be Trust Fund Contribution. Added to Fees

3-21-08

DATE

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAYAL, JOE 630 QUENSBIDGE DRIVE LAKE MARY FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KAYAL, NADIA 630 QUENSBIDGE DRIVE LAKE MARY FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #