

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90071 022 ***150.00

DOCUMENT # P01000122365

1. Entity Name

PRIVETTE ENTERPRISES, INC.



Principal Place of Business

RR 6 BOX 107
LAKE CITY FL 32025

Mailing Address

RR 6 BOX 107
LAKE CITY FL 32025

40014329



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

213 SE DAMITA GUN

Suite, Apt. #, etc.

213 SE DAMITA GUN

City & State

LAKE CITY FL

City & State

LAKE CITY FL

4. FEI Number

01-0566803

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
32025

Country

COLUMBIA

Zip

32025

Country

COLUMBIA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

PRIVETTE, CHARLES A
~~RR 6 BOX 107~~
LAKE CITY FL 32025

213 SE DAMITA GUN

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTS
PRIVETTE, CHARLES
RR 6 BOX 107
LAKE CITY FL 32025

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTS
PRIVETTE CHARLES
213 SE DAMITA GUN
LAKE CITY FL 32025

☒ Change ☐ Addition

TITLE
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☐ 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:

Charles A. Privette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-05 386-752-1933