

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000023339

FILED
Apr 16, 2004
Secretary of State

Entity Name: AUXILA ENTERPRISE, INC.

Current Principal Place of Business:

1601 CELLENY COURT
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

1601 CELLENY COURT
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 16-1657752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIPLIN, GARY A
5020 SILVER STAR ROAD STE B
ORLANDO, FL 32808

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: AUXILA, JEAN
Address: 1601 CELLENY COURT
City-St-Zip: KISSIMMEE, FL 34744

Title: DV () Delete
Name: AUXILA, SUZETTE
Address: 1601 CELLENY COURT
City-St-Zip: KISSIMMEE, FL 34744

Title: S () Delete
Name: AUXILA, JEANNIE S
Address: 1601 CELLENY COURT
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN AUXILA

DPT

04/16/2004

Electronic Signature of Signing Officer or Director

Date