

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/22/

FILED
Apr 30, 2004 8:00 am
Secretary of State

03-22-2004 90085 020 ***150.00

DOCUMENT # P03000068503					
1. Entity Name E & N INVESTMENTS OF TAMPA, INC.					
Principal Place of Business 4616 W KENNEDY BLVD TAMPA FL 33609			Mailing Address 4616 W KENNEDY BLVD TAMPA FL 33609		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 33-1059186 04-8012847547-8	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent FIGUEROA, NELSON 4616 W KENNEDY BLVD TAMPA FL 33609			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004: 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	D FIGUEROA, NELSON 4616 W KENNEDY BLVD TAMPA FL 33609 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGUEROA, EDNA 4616 W KENNEDY BLVD TAMPA FL 33609 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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: _____			3/19/2004 R13 661-3918 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #		