

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 19, 2004 8:00 am**  
**Secretary of State**

08-05-2004 90002 031 \*\*\*150.00

DOCUMENT # P03000073517

1. Entity Name

ANOINTED ENTERPRISES INC



Principal Place of Business

4622 TERNSTONE AVE  
ORLANDO FL 32812

Mailing Address

4622 TERNSTONE AVE  
ORLANDO FL 32812

2. Principal Place of Business

378 Beaver Rd

Suite, Apt. #, etc.

3. Mailing Address

378 Beaver Rd

Suite, Apt. #, etc.

City & State

Osteen, FL

City & State

Osteen, FL

4. FEI Number

03-0533565

Applied For

Not Applicable

Zip

32764

Country

Volusia

Zip

32764

Country

Volusia

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~VIUELA, JACINTO -~~  
~~4622 TERNSTONE AVE~~  
~~ORLANDO FL 32812~~

VINUELA  
378 Beaver Rd  
Osteen, FL  
32764

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 reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> Delete
NAME	VIUELA, JACINTO	
STREET ADDRESS	4622 TERNSTONE AVE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	VINUELA, JACINTO	<input type="checkbox"/> Delete
NAME	378 Beaver Rd	
STREET ADDRESS	Osteen, FL 32764	
CITY-ST-ZIP	Osteen, FL 32764	
TITLE	Yawn, Janette Sec/Treas	<input type="checkbox"/> Delete
NAME	378 Beaver Rd	
STREET ADDRESS	Osteen, FL 32764	
CITY-ST-ZIP	Osteen, FL 32764	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

*Janette Yawn* Janette Yawn

1-26-04

407-332-1918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #