

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000155216

1. Entity Name
HONEY DO ENTERPRISES INC.



Principal Place of Business
P.O. BOX 174
WOODVILLE, FL 32362 LN

Mailing Address
P.O. BOX 174
WOODVILLE, FL 32362 LN

FILED
05 APR 27 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272005 Chg-P CR2E034 (10/03)

4. FEI Number

74-311732

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIMBRELL, TERRENCE A
133 OAKMONT DR
CRAWFORDVILLE, FL 32327

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 \$150.00
After May 1, 2005 Fee will be \$550.00

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 P ☐ Delete
NAME KIMBRELL, TERRENCE A
STREET ADDRESS 133 OAKMONT DR
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME KIMBRELL, TRAVIS D
STREET ADDRESS 110 OAKMONT DR
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE ☐ Change ☐ Addition
NAME 600054123606
STREET ADDRESS 05/10/05--01006--020 **\$150.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. Roberts

APR 27 2005

Daytime Phone #