2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 12, 2005 8:00 am **Secretary of State DOCUMENT # P03000156599** 07-12-2005 90040 014 ***150.00 M & E ENTERPRISES OF SARASOTA, INC. Principal Place of Business Mailing Address 6648 BEE RIDGE ROAD 6648 BEE RIDGE ROAD SARASOTA, FL 34241 SARASOTA, FL 34241 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07062005 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 20-0524379 Not Applicable Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, ELIZABETH Street Address (P.O. Box Number is Not Acceptable) 6648 BEE RIDGE ROAD SARASOTA, FL 34241 Zip Code City 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 NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. םם TITLE ☐ Delete TITLE Change ☐ Addition SMITH, MARK NAME NAME STREET ADDRESS 6648 BEE RIDGE ROAD STREET ADDRESS SARASOTA, FL 34241 CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE SMITH, ELIZABETH NAME NAME 6648 BEE RIDGE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34241 CITY-ST-ZIP TMF ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 impowered.

FILED

ATTACHMENT # 150.00 Clerk on 2-5-05

apil 12th 3005. I discoured today my check
has never cleared the bank. I called a talked
to Marquita. The informed pend new,
to Marquita. The informed pend new,
your new clerk, & letter explaining these events.

Thank you for your slep

Clipabeth Smith