


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P04000032516 1. Entity Name ARMEL ENTERPRISES, INC.	
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Principal Place of Business 179 N. CAUSEWAY NEW SMYRNA, FL 32169	Mailing Address 179 N. CAUSEWAY NEW SMYRNA, FL 32169
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DO NOT WRITE IN THIS SPACE



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number 38-2822594	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ARMEL, WILLIAM 179 N. CAUSEWAY NEW SMYRNA, FL 32169
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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	100000052241
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARMEL, WILLIAM 179 N. CAUSEWAY NEW SMYRNA, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARMEL, LINDA 179 N. CAUSEWAY NEW SMYRNA, FL 32169
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **13/7/08** **(386)-128-2244**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #