

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000071326

1. Entity Name
C E S ENTERPRISES, INC.



Principal Place of Business
**405 TOMPKINS ST.
INVERNESS, FL 34450**

Mailing Address
**405 TOMPKINS ST.
INVERNESS, FL 34450**



01122008 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0086072

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FREDRICK, BRYAN D
1409 S. WATERVIEW DR
INVERNESS, FL 34450**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000527025
05/04/06-80098-006 150.00**

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **FREDRICK, BRYAN D**
STREET ADDRESS **1409 S. WATERVIEW DR.**
CITY-ST-ZIP **INVERNESS, FL 34450**

TITLE **VO**
NAME **ARRINGTON, ROBERT R**
STREET ADDRESS **828 INVERIE CT.**
CITY-ST-ZIP **INVERNESS, FL 34453**

TITLE **SD**
NAME **BERNHART, WILLIAM R**
STREET ADDRESS **7810 COW CAMP LANE**
CITY-ST-ZIP **SARASOTA, FL 34240**

TITLE **TD**
NAME **JEAN, PATRICK R**
STREET ADDRESS **3198 C R 575**
CITY-ST-ZIP **BUSHNELL, FL 33513**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Bryan D. Fredrick* **Bryan D. Fredrick** **19 April 2006** **(352) 726-9457**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Phone #