


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P04000098686 1. Entity Name CECILIA'S ELITE REPEAT, INC. |  |
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| Principal Place of Business 12995 S. CLEVELAND AVENUE SUITE 156 FORT MYERS, FL 33907 US | Mailing Address 11682 TIMBERLINE CIRCLE FORT MEYERS, FL 33966 US |
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07052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|--|--|
| 4. FEI Number 20-1304734 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CALHOUN, JOANNE C 11682 TIMBERLINE CIRCLE FORT MEYERS, FL 33966 |
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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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P CALHOUN, JOANNE C 11682 TIMBERLINE CIRCLE FORT MEYERS, FL 33966 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP MILLER, KENNETH M 11682 TIMBERLINE CIRCLE FORT MEYERS, FL 33966 |
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07/10/08-80006-016 150.00

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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:  **JOANNE C. CALHOUN**  **7/5/08** **239-841-2618**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #