FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000138259

Entity Name
[illegible]C ENTERPRISES, INC.

8/29/2005-90142-048-$550.00-$550.00

FILED

05 SEP 15 AM 9:46
66027350
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2213 NE 14TH PLACE
CAPE CORAL, FL 33909

Mailing Address
2213 NE 14TH PLACE
CAPE CORAL, FL 33909

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07302005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1705366 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDMANN, THEODORE
2213 NE 14TH PLACE
CAPE CORAL, FL 33909

7. Name and Address of New Registered Agent

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 $550.00
Due by September 7, 2005

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	TITLE	☐ Change ☐ Addition
NAME	GOLDMANN, THEODORE		NAME	
STREET ADDRESS	2213 NE 14TH PLACE		STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33909		CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not [illegible] exemption stated in Section 119.07(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate [illegible] signature shall have the same [illegible] as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute [illegible] 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 all other like [illegible]

SIGNATURE: Theodore Goldmann 8/23/05 239-731-3434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #