2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000139032

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 22, 2005 8:00 am Secretary of State

04-22-2005 90276 025 ***150.00

Addition

☐ Addition

Change

☐ Change

MYCJE	NTERPRISES, INC.								
Principal Place	e of Business	Mailing Address			-				
5722 W, GROVER CLEVELAND BLVD. 5		5722 W. GROVER CLEVELAND BLVD. HOMOSASSA, FL 34446 US				20041576			
'						I BANN ANNKA ANNKA ANN			
2. Principal P	2. Principal Place of Business		3. Mailing Address						
Suite, Apt.	Suite, Apt. #, etc.		Suite, Apt. #, etc.			Chg-P	CR2E034 (10/0	3)	
City & State	City & State		City & State		4. FEI Numb		151	Applied For Not Applicable	
Zip	Country	Zip	Cou	Intry		of Status Desired		Additional	
	6. Name and Address of Current R	egistered Agent			7. Name and	Address of New F			
				Name	Name				
JARVIS, CHRISTINE K 5722 W. GROVER CLEVELAND BLVD.				Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
HOMOSAS	SSA, FL 34446		City						
1							FL Zip C	ode	
	1 22 1 25 412 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·			ed office or registered agent, or both, in the State of Florida. I am familiar with, and ac			th and accept	
	named entity submits this statement for ions of registered agent.	tne purpose of changin	g its registe	erea onice or regi	stered agent, or bo	ith, in the State of Fi	orida. Tam tamilar w	iin, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent an	d title if applicable	(NOTE: Registe	ered Agent signature requ	urred when reinstation)		DATE	 	
ļ	Signatural types of printer name of registered against an	The Happ-cace.	(NOTE: NOTE:	ado rigorit ugrana o roq	(Section 1971)	I			
	E NOW!!! FEE IS \$150.00 gy 1, 2005 Fee will be \$550.0	9. Election Ca Trust Fund			\$5.00 May Be Added to Fees				
10.	OFFICERS AND D	IRECTORS	11	1.	ADDITIONS	/CHANGES TO OFF	FICERS AND DIRECT	ORS IN 11	
TITLE	Р	☐ Delete		TLE .			Chang	ge 🔲 Addition	
NAME OVERES LODGEDO				WE REET ADDRESS					
STREET ADDRESS	5722 W. GROVER CLEVELAND E HOMOSASSA, FL 34446	SLVD.		TY+ST-ZIP					
TITLE	S	☐ Delete	TIT	TLE			Chan	ge 🔲 Addition	
NAME	RAWLINS, KELLY			WE.					
STREET ADDRESS				TREET ADORESS TY-ST-ZIP					
l	HOMOSASSA, FL 34446	Delete		TLE			Chang	ge 🔲 Addition-	
NAME	RAWLINS, KELLY	Lu Delete		AME			- Li Chaig	åe 广□ vogitioti-	
· ·			REET ADDRESS						
CITY-ST-ZIP	HOMOSASSA, FL 34446		Cr	TY-ST-ZIP					
TITLE		Delete		TLE			☐ Chan	ge 🔲 Addition	
NAME	l		■ NA	AME I					

12. I hereby certify that the information supplied with this filing 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 empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY+ST-ZIP

TITLE NAME

TITLE

NAME

Delete

Delete

SIGNATURE:	Christine	K. Jarvis	CARISTINE K. JARVIS	4. 20-05	352-428-780
		ED OR PRINTED NAME OF SIGN	Date	Daytime Phone #	