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2006 FOR PROFIT CORPORATION ANNUAL REPORT

06 FEB 28 PM 4:48
TALL... FLORIDA

DOCUMENT # P05000074742

1. Entity Name
COMONGO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1270 STONE STREET OVIEDO, FL 32765	1270 STONE STREET OVIEDO, FL 32765

01142006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
1049 NE Macedonia Church Suite, Apt. #, etc.		1049 NE Macedonia Church Suite, Apt. #, etc.	
City & State: Lee, FL		City & State: Lee, FL	
Zip: 32059	Country:	Zip: 32059	Country:

4. FEI Number 65-1255350 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Pokorny ~~POKOMY~~, MARSHA A 1270 STONE STREET OVIEDO, FL 32765	Name: Marsha A. Pokorny Street Address (P.O. Box Number is Not Acceptable): 1049 NE Macedonia Church City: Lee FL Zip Code: 32059

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 Marsha A. Pokorny
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POKORNY, MARSHA A 1270 STONE STREET OVIEDO, FL 32765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Pokorny, Marsha A. 1049 NE Macedonia Church ~~Lee, FL 32059~~	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POKORNY, DANIEL C 1270 STONE STREET OVIEDO, FL 32765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Pokorny, Daniel C. 1049 NE Macedonia Church Lee, FL 32059	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 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: Marsha A. Pokorny 1-25-06 Marsha A. Pokorny
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 850-974-5749