

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000082281

1. Entity Name
CURTSHALL ENTERPRISES INC.



Principal Place of Business

**1880 DR. ANDRES WAY
#16
DELRAY BEACH, FL 33445 US**

Mailing Address

**1880 DR. ANDRES WAY
#16
DELRAY BEACH, FL 33445 US**

U000000953708
07/09/08-80002-017 150.00



07032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2956842

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARSHALL, JAMES J
1440 DR. ANDRES WAY
#16
DELRAY BEACH, FL 33445**

**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 renataing)

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	P
NAME	MARSHALL, JAMES JR.
STREET ADDRESS	1880 DR. ANDRES WAY #16
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	VP
NAME	RICHARD, CURTIS JR.
STREET ADDRESS	1880 DR. ANDRES WAY #16
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-272-7055