

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000093195

FILED  
May 01, 2009  
Secretary of State

Entity Name: LONG NECK POINT ENTERPRISES, INC.

**Current Principal Place of Business:**

99 LONG NECK POINT ROAD  
DARIEN, CT 06820

**New Principal Place of Business:**

**Current Mailing Address:**

99 LONG NECK POINT ROAD  
DARIEN, CT 06820

**New Mailing Address:**

FEI Number: 20-3088087

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WAINIO, FREDERICK J JR  
320 HIGH TIDE DRIVE  
SUITE 201  
SAINT AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: ABBERLEY, FREDERICK C  
Address: 99 LONG NECK POINT ROAD  
City-St-Zip: DARIEN, CT 06820

Title: D ( ) Delete  
Name: ABBERLEY, LESTER S  
Address: 23 PELICAN ISLE  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: D ( ) Delete  
Name: CARTER, GEORGINE A  
Address: 811 1/2 KANUGA DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDERICK C. ABBERLEY

DPST

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date