

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000140131

1. Entity Name

CORNELIA ENTERPRISES, INC.



Principal Place of Business

292 STATE ROAD 312
ST AUGUSTINE, FL 32086 US

Mailing Address

292 STATE ROAD 312
SAINT AUGUSTINE, FL 32086 US



04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

32-0162597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUFFY, CORRIE J
323 MARSH POINT CIRCLE
ST AUGUSTINE, FL 32308-0

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000919338
05/13/08-80116-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DUFFY, CORRIE J
STREET ADDRESS	323 MARSH POINT CIRCLE
CITY- ST- ZIP	ST AUGUSTINE, FL 32080
TITLE	VP
NAME	DUFFY, TERENCE A
STREET ADDRESS	323 MARSH POINT CIRCLE
CITY- ST- ZIP	ST AUGUSTINE, FL 32080
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T.A. DUFFY

4/20/2008

904.471.0227

Date

Daytime Phone #