

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000014568

1. Entity Name
LVG ENTERPRISES INC.



Principal Place of Business
1501 N 29TH ST
FT PIERCE, FL 34947

Mailing Address
1501 N 29TH ST
FT PIERCE, FL 34947

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09122007

Chg-P

CR2E034 (12/06)

4. FEI Number

56-256-2795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHENCK, L
2705 PEARL CT
KISSIMMEE, FL 34743

7. Name and Address of New Registered Agent

Name
LAVICTOR SCHENCK

Street Address (P.O. Box Number is Not Acceptable)

1015 S. HIAWASSEE RD # 3523

City
ORLANDO

FL

Zip Code
32835

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 *Lavictor Schenck*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-12-07

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SCHENCK, GLADYS
5112 NW EVER RD
PORT ST LUCIE, FL 34983 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
WILLIAMS, DL
7500 NW 4TH AVE
MIAMI, FL 33150 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
SCHENCK, L
2705 PEARL CT
KISSIMMEE, FL 34743 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300109880843
09/25/07--01019--009 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
LAVICTOR SCHENCK
1015 S. HIAWASSEE RD. # 3523
ORLANDO, FL. 32835 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *Lavictor Schenck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-07

Date

Daytime Phone #