

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 04, 2007 8:00 am**  
**Secretary of State**

09-04-2007 90040 045 \*\*\*150.00

<b>DOCUMENT # P06000107608</b> 1. Entity Name <b>DEITY ENTERPRISES, INCORPORATED</b>			
Principal Place of Business <b>4460 HODGES BOULEVARD 1923 JACKSONVILLE, FL 32224 US</b>		Mailing Address <b>4460 HODGES BOULEVARD 1923 JACKSONVILLE, FL 32224 US</b>	
2. Principal Place of Business - No P.O. Box # <b>532 Sabal Lake Drive</b>		3. Mailing Address <b>532 Sabal Lake Drive</b>	
Suite, Apt. #, etc. <b>102</b>		Suite, Apt. #, etc. <b>102</b>	
City & State <b>Longwood, FL</b>		City & State <b>Longwood, FL</b>	
Zip <b>32779</b>		Zip <b>32779</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>205396823</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LAVENDER, KYLE 873 WESTBAY DRIVE 105 LARGO, FL 33770</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D FIELDS, REGINA 4460 HODGES BOULEVARD 1923 JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D R. Lynn Fields 532 Sabal Lake Drive 102 Longwood, FL 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,D FIELDS, LUCILLE 4460 HODGES BOULEVARD 1923 JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,D Lucille Fields 532 Sabal Lake Drive 102 Longwood, FL 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SE,D HARPER, TANYA 4460 HODGES BOULEVARD 1923 JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SE,D Tanya Harper 532 Sabal Lake Drive 102 Longwood, FL 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR,D FIELDS, HENRY 4460 HODGES BOULEVARD 1923 JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR,D Henry Fields 532 Sabal Lake Drive 102 Longwood, FL 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ME,D SAMUELS, HARLON 4460 HODGES BOULEVARD 1923 JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ME,D Harlon Samuels 532 Sabal Lake Drive 102 Longwood, FL 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ME,D SAMUELS III, HAROLD 4460 HODGES BOULEVARD 1923 JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ME,D Harold Samuels III 532 Sabal Lake Drive 102 Longwood, FL 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: <u>Regina L. Fields</u> 7/31/07 (407) 862-5601			