

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000108703

Entity Name: 247-ENT, INC.

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

1290 NORTHRIDGE BLVD
APT # 2125
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

1290 NORTHRIDGE BLVD
APT # 2125
CLERMONT, FL 34711 US

New Mailing Address:

FEI Number: 20-5405755 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GAYE, TREVOR
1290 NORTHRIDGE BLVD
APT # 2125
CLERMONT, FL 34711 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P D () Delete
Name: GAYE, TREVOR II
Address: 1290 NORTHRIDGE BLVD APT #2125
City-St-Zip: CLERMONT, FL 34711 US

Title: VP D () Delete
Name: GIBSON, ERIC III
Address: 10600 BLOOMFIELD DR APT#1113
City-St-Zip: ORLANDO, FL 32825 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROBERT T. GAYE II

P D

04/25/2007

Electronic Signature of Signing Officer or Director

Date