

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90186 020 ***150.00

DOCUMENT # P06000130060

1. Entity Name

ENTERPRISES PROPERTY MAN OF FL. INC.



Principal Place of Business

906 RIVERSIDE DR
WEST PALM BEACH FL 33463

Mailing Address

PO BOX 17933
WEST PALM BEACH FL 33416

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

2627 MERCER AVE

3. Mailing Address

P.O. Box 17933

Suite, Apt. #, etc.

STE 1

Suite, Apt. #, etc.

STE 1

City & State

W. P. B.

City & State

FL

Zip

33416

Country

U.S.A

Zip

33416

Country

U.S.A

1st MOORE

CR2E034 (10/06)

4. FEI Number

76 0843297

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, MAUD
906 RIVERSIDE DR
WEST PALM BEACH FL 33463

7. Name and Address of New Registered Agent

Name

MAUD LEWIS

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

906 RIVERSIDE

GREENACRES FL 33

City

FL

Zip Code

33463

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 *Maud Lewis*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3.27.07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CHRISTIE, CLIVE G
STREET ADDRESS 1581 WINDOAH WAY
CITY - ST - ZIP ROYAL PALM FL 33411 ☐ Delete

TITLE D
NAME CHRISTIE, GLASPOLE
STREET ADDRESS 1581 WINDOAH WAY
CITY - ST - ZIP ROYAL PALM FL 33411 ☐ Delete

TITLE D
NAME CHRISTIE, MARLON
STREET ADDRESS 1581 WINDOAH WAY
CITY - ST - ZIP ROYAL PALM FL 33411 ☐ Delete

TITLE D
NAME RICHARDS, STACEY A
STREET ADDRESS 7032 HAWKSNEST RD
CITY - ST - ZIP W.P.B. FL 33407 ☐ Delete

TITLE D
NAME CHRISTIE, STEPHANEY
STREET ADDRESS 2205 PARK HILL DR
CITY - ST - ZIP W.P.B. FL 33417 ☐ 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
PRESIDENT

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

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

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

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

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 Section 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

Clive G. Christie PRESIDENT 327 075618536393
Clive G. Christie
Daytime Phone #