2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000131485

Entity Name: E & L OGLESBY ENTERPRISES, INC.

FILED May 08, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

53 ROUND THORN DR. 90 BURBANK DR.

PALM COAST, FL 32164 US PALM COAST, FL 32137 US

Current Mailing Address: New Mailing Address:

53 ROUND THORN DR. 90 BURBANK DR.

PALM COAST, FL 32137 PALM COAST, FL 32164 US US

FEI Number: 11-3792220 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OGLESBY, LISA M OGLESBY, LISA M 53 ROUND THORN DR 90 BURBANK DR.

PALM COAST, FL 32164 PALM COAST, FL 32137 US US

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: LISA OGLESBY 05/08/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete OGLESBY, LISA M OGLESBY, LISA M Name: Name: 53 ROUND THORN DR 90 BURBANK DR. Address: Address:

City-St-Zip: PALM COAST, FL 32164 US City-St-Zip: PALM COAST, FL 32137 US

() Delete Title: VΡ Title: VΡ (X) Change () Addition Name: OGLESBY, EVERETT M

Name: OGLESBY, EVERETT M 53 ROUND THORN DR Address: 90 BURBANK DR. Address:

PALM COAST, FL 32164 US PALM COAST, FL 32137 US City-St-Zip: 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.

Ρ SIGNATURE: LISA OGLESBY 05/08/2008