2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000138329

Title:

Name:

Address:

City-St-Zip:

Entity Name: ANENOME AND CLOWNFISH ENTERPRISES, INC

FILED Apr 26, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
3399 CYPRESS GARDENS RD, SUITE B WINTER HAVEN, FL 33884				3399 CYPRESS GARDENS RD,		
				STE. B WINTER HAVEN, FL 33884		
Current Mailing Address:				New Mailing Address:		
588 HATCHWOOD DRIVE HAINES CITY, FL 33844				3399 CYPRESS GARDENS RD		
				STE. B WINTER HAVEN, FL 33884		
FEI Number:	20-5759251	FEI Number Applied For ()	FEI Number N	lot Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
PATTERSON, RICHARD W JR 3399 CYPRESS GARDENS RD, SUITE B WINTER HAVEN, FL 33884 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:						
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () E PATTERSON, RIG 588 HATCHWOO HAINES CITY, FL	D DRIVE	Title: Name Addre City-:	: PATTERSON,	X) Change ()Addition RICHARD W JR WOOD LANE # 2319 - 32837	
Title: Name: Address: City-St-Zip:	V () C INGLE, ERIC K 9461 WATERFOI WINTER HAVEN,		Title: Name Addre City-:	:) Change ()Addition	
Title: Name: Address: City-St-Zip:	WILHELM, KENN	JE DRIVE, APT. #109	Title: Name Addre City-:):) Change ()Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RICHARD W. PATTERSON JR PRES 04/26/2008

() Delete

1100 MARTINIQUE DRIVE, APT. #109

LIN, ANNIE YA-HSUAN

WINTER HAVEN, FL 33884

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