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Secretary of State
03-01-2007 90016 003 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000145930

1. Entity Name
NEYENHOUSE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
8999 SE 168TH SEDGWICK PLACE THE VILLAGE, FL 32162	8999 SE 168TH SEDGWICK PLACE THE VILLAGE, FL 32162

FEI NUMBER
45-055012

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2150 BLACKVILLE DR	2150 BLACKVILLE DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: THE VILLAGES, FL	City & State: THE VILLAGES, FL
Zip: 32162 Country: SUMTER	Zip: 32162 Country: SUMTER

4. Employer Identification Number: 45-0555012

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NEYENHOUSE, MARY
8999 SE 168TH SEDGWICK P[redacted]
THE VILLAGE, FL 32162

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEYENHOUSE, MARY 8999 SE 168TH SEDGWICK PLACE THE VILLAGE, FL 32162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEYENHOUSE, JOHN 8999 SE 168TH SEDGWICK PLA[redacted] THE VILLAGE, FL 32162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 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: Mary Neyenhouse 2-24-07 352-702-0096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #