

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90074 048 ***150.00

DOCUMENT # P06000145930

1. Entity Name
NEYENHOUSE ENTERPRISES, INC.



Principal Place of Business
**2150 BLACKVILLE DR
THE VILLAGES, FL 32162**

Mailing Address
**2150 BLACKVILLE DR
THE VILLAGES, FL 32162**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072008

Chg-P

CR2E034 (12/06)

4. FEI Number
45-0555012

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NEYENHOUSE, MARY
8999 SE 168TH SEDGWICK PLACE
THE VILLAGE, FL 32162**

7. Name and Address of New Registered Agent

Name **NEYENHOUSE, MARY**
Street Address (P.O. Box Number is Not Acceptable) **2150 BLACKVILLE DRIVE**
City **THE VILLAGES** FL Zip Code **32162**

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 **Mary Neyenhouse**

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

(NOTE: Registered Agent signature required when reinstating)

JAN. 8, 2008
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **NEYENHOUSE, MARY**
STREET ADDRESS **8999 SE 168TH SEDGWICK PLACE**
CITY-ST-ZIP **THE VILLAGE, FL 32162**

TITLE **D** ☐ Delete
NAME **NEYENHOUSE, JOHN**
STREET ADDRESS **8999 SE 168TH SEDGWICK PLACE**
CITY-ST-ZIP **THE VILLAGE, FL 32162**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **NEYENHOUSE MARY**
STREET ADDRESS **2150 BLACKVILLE, DR**
CITY-ST-ZIP **THE VILLAGES, FL 32162**

TITLE ☒ Change ☐ Addition
NAME **NEYENHOUSE JOHN**
STREET ADDRESS **2150 BLACKVILLE DRIVE**
CITY-ST-ZIP **THE VILLAGES, FL 32162**

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

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

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

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

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/08 352-702-0096
Date Daytime Phone #