2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000103049

PROUT, ROBERT

1300 LORI DRIVE

SPRING HILL, FL 34606

Name:

Address:

City-St-Zip:

FILED Aug 20, 2009 Secretary of State

Entity Nar	ne: DIVINEC	OMMERCIAL ENTERPRISES	, INC.				
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:			
1300 LORI SPRING H	DRIVE ILL, FL 34606			2233 W C-48 BUSHNELL, FL 33513			
Current M	ailing Addres	s:	New Maili	New Mailing Address:			
	RWYN CIRCLE ACHEE, FL 34						
FEI Number:	26-1091486	FEI Number Applied For ()	FEI Number Not App	icable ()	Certificate of Status De	sired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
18210 MEF	IE, VEGA A RWYN CIRCLE ACHEE, FL 34						
The above in the State		submits this statement for the p	ourpose of changing i	ts registered o	office or registered age	ent, or both,	
SIGNATUR	RE:						
	Electron	ic Signature of Registered Age	ent		Date		
		3(2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notic	e.			
OFFICERS	AND DIREC	TORS:	ADDITION	S/CHANGES	TO OFFICERS AND	DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () VEGA, KATHER 18210 MERWY WEEKI WACHE	N CIRCLE	Title: Name: Address: City-St-Zip:	() Change()Addition		
Title: Name: Address: City-St-Zip:	S () SEAMAN, MARY 2064 HAULOVE SPRING HILL, F	R AVE.	Title: Name: Address: City-St-Zip:	DIR (X HOLLAND, WI 18210 MERW WEEKI WACH	YN CIRCLE		
Title: Name: Address: City-St-Zip:	VP () VEGA, SOPHIA 18210 MERWY WEEKI WACHE	N CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title:	T ()	Delete	Title:	T (X	() 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 an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

PROUT, ROBERT

BUSHNELL, FL 33513

2233 W C-48

SIGNATURE: KATHERINE VEGA Ρ 08/20/2009