


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90079 021 ***150.00

DOCUMENT # P94000028905					
1. Entity Name CURCHY ENTERPRISES, INC.					
Principal Place of Business 447 SONOMA VALLEY CR ORLANDO, FL 32835			Mailing Address 447 SONOMA VALLEY CR ORLANDO, FL 32835		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 2991			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State WINTER PARK, FL		4. FEI Number 59-3242216	
Zip		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CURCHY, DIANE 447 SONOMA VALLEY CIR ORLANDO, FL 32835			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: _____ (NOTE: Registered Agent Signature Required when Relinquishing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP CURCHY, DIANE 447 SONOMA VALLEY CIR ORLANDO, FL 32835		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CURCHY, DIANE 447 SONOMA VALLEY CIR ORLANDO, FL 32835		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CURCHY, DIANE 447 SONOMA VALLEY CIR ORLANDO, FL 32835		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CURCHY, DIANE 447 SONOMA VALLEY CIR ORLANDO, FL 32835		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CURCHY, DIANE 447 SONOMA VALLEY CIR ORLANDO, FL 32835		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CURCHY, DIANE 447 SONOMA VALLEY CIR ORLANDO, FL 32835		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CURCHY, DIANE 447 SONOMA VALLEY CIR ORLANDO, FL 32835		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____			1-18-08 407-578-2290		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		