

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000016695			
1. Entity Name CECILIO ENTERPRISES, INC.			
Principal Place of Business 201 WINGFOOT DRIVE SUITE A JUPITER FL 33458 US		Mailing Address 8000 HIGHWAY 70 EAST OKEECHOBEE FL 34972 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/07)

4. FEI Number 65-0564750		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MARTIN, VICTOR L 201 WINGFOOT DRIVE SUITE A JUPITER FL 33458		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 _____ DATE _____
(Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when completing.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FP MARTIN, VICTOR L 201-A WINGFOOT DRIVE JUPITER FL 33458 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, VICTOR L 201 A WING FOOT DR JUPITER FL 33458 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Victor L Martin* **3/1/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR