2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000065962

. Entity Name

E & É CONVENIENT STOP, INC.

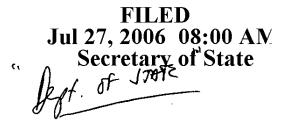


Principal Place of Business

4715 DEL PRADO BLVD. CAPE CORAL, FL 33904

Mailing Address

4715 DEL PRADO BLVD. CAPE CORAL, FL 33904





DO NOT WRITE IN THIS SPACE

07192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3330472

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HABAYEB, NABIL E 8431 AQUA COVE N. FT. MYERS, FL 33903

DO NOT WRITE

		, (\$ # •			
	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	d office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE			Agent signature	required when reinstating}	DATE
	LE NOW!!! FEE LS \$150.00 ue by September 8, 200 6	Election Campaign Financ Trust Fund Contribution.	ing .	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10	OFFICERS AND DIREC	TORS	84 × 14	Kali Parasia Langua	5.4.2.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HABAYEB, NABIL E 8431 AQUA COVE N. FT. MYERS, FL 33903				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000572397 07/27/06-80003-022 150:00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

12. Thereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-06

Daytime Phone #