

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90004 002 ***158.75

DOCUMENT # P96000005882

1. Entity Name

NORTH AMERICAN ENTERPRISES, INC.



Principal Place of Business

11433 HWY 441, SUITE #4
TAVARES FL 32778

Mailing Address

11433 HWY 441, SUITE #4
TAVARES FL 32778

54065649



MOORE

CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

AS ABOVE

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3361050

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLIOTT, MARK
525 BAHAMA DRIVE
INDIATLANTIC FL 32903

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME WILLIAMS, RONALD
STREET ADDRESS 11433 HWY 441
CITY-ST-ZIP TAVARES FL 32778

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

TITLE D ☐ Delete
NAME ELLIOTT, MARK
STREET ADDRESS 525 BAHAMA DRIVE
CITY-ST-ZIP INDIATLANTIC FL 32903

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

TITLE D ☒ Delete
NAME DAME, LOUISE
STREET ADDRESS 26233 NEWCOMBE CIR
CITY-ST-ZIP LEESBURG FL 34748

TITLE ☒ Change ☐ Addition
NAME *HELEN SILBERNAGEL*
STREET ADDRESS *P.O. BOX 350820*
CITY-ST-ZIP *GRAND ISLAND FL 32735*

TITLE D ☐ Delete
NAME MARTIN, MARY L
STREET ADDRESS 905 CAMINO DEL RAY
CITY-ST-ZIP LADY LAKE FL 32159

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #