2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000055191

1. Entity Name
C.E. ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1900 BOOTHE CIRCLE SUITE 104 LONGWOOD, FL 32750	1900 BOOTHE CIRCLE SUITE 104 LONGWOOD, FL 32750

DO NOT WRITE IN THIS SPACE

07082004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3387062	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BAGWELL, BRENDA P
1900 BOOTHE CIR.
SUITE 104
LONGWOOD, FL 32750

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, i n 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 $150.00 **Due by September 8, 2004**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$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 DIRECTORS

TITLE	D
NAME	EDWARDS, CHRISTA A
STREET ADDRESS	1900 BOOTHE CIRCLE STE 104
CITY-ST-ZIP	LONGWOOD, FL 32750

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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; an   d 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: _Christa Edwards_   7-8-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #