

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90020 047 ***150.00

DOCUMENT # P97000000087

1. Entity Name
ENTERPRISES OF CNM, INC.



Principal Place of Business
4606 CLYDE MORRIS BLVD
SUITE 1A & 1B
PORT ORANGE, FL 32119

Mailing Address
4606 CLYDE MORRIS BLVD
SUITE 1A & 1B
PORT ORANGE, FL 32119

40033007



02112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3419824	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GAMBERT, WILLIAM N
435 SILVER BEACH AVENUE
SUITE 104
DAYTONA BEACH, FL 32118

Manny Manolas
4 Carrington Lane
Ormond Beach FL
32174

**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, 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 \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MANOLAS, GEORGE
STREET ADDRESS 40 PARKVIEW LANE
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE VP
NAME MANOLAS, LOUIS
STREET ADDRESS 19 LAUREL OAKS
CITY-ST-ZIP ORMOND BEACH, FL

TITLE ST
NAME MANOLAS, EMMANOUIL G
STREET ADDRESS 4 CARRINGTON LANE
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08

Date

Daytime Phone #

(386) 871-5766