

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90185 038 ***150.00

DOCUMENT # P97000012950

1. Entity Name
CAPITAL MANAGEMENT ENTERPRISES, INC.



Principal Place of Business
36248 HWY 27
HAINES CITY, FL 33844

Mailing Address
36248 HWY 27
HAINES CITY, FL 33844 US

40079087



2. Principal Place of Business
H&R BLOCK
Suite, Apt. #, etc.
207 S DIXIE DR
City & State
HAINES CITY FL
Zip
33844 Country
US

3. Mailing Address
H&R BLOCK
Suite, Apt. #, etc.
207 S. DIXIE DR
City & State
HAINES CITY FL
Zip
33844 Country
US

04292006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3421284

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
JONES, LES
36248 HWY 27
HAINES CITY, FL 33844

7. Name and Address of New Registered Agent
Name
LES JONES
Street Address (P.O. Box Number is Not Acceptable)
15 CRYSTAL WATERS DR
City
WINTER HAVEN FL Zip Code
33880

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 LES JONES DATE 4/28/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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 NAME STREET ADDRESS CITY- ST- ZIP	D JONES, LES 2941 PLANTATION RD WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LES JONES 207 S. DIXIE DR HAINES CITY FL 33844 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: LES JONES PRESIDENT DATE 4/28/06

Signature and typed or printed name of signing officer or director. Daytime Phone #