2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # P97000012950 1. Enlity Name					05-02-200	6 90185 038 ***15	50.00	
CAPITAL MANAGEMENT ENTERPRISES, INC.								
Principal Plac	e of Business	Mailing Address		.	780670			
36248 HWY		36248 HWY 27		40	012001			
HAINES CITY		HAINES CITY, FL 33844	US					
Printingal Perce of Business 3. Mailing Address								
HAR BLOCK HAR BCO			CK			40311 0.0101 11030 11010 10101 B1111 D1	EJI 0.323 LI 1000.	
207 SDIXIE DR 207 S. D.			DIXIE.		Chg-P	CR2E034 (11/05)	,	
City & Stat	IES CITY FL,	City & State VES C	114	FU 4. FEI Numb 59-342			pplied For ot Applicable	
^{2ip} 338	44 US	338498	ounted 5	5. Certificate	of Status Desired	\$8.75 Ad Fee Require		
. .	6. Name and Address of Current I	Registered Agent		7. Name and	Address of New	Registered Agent		
			Name	LES JOH	IES			
30246 (1111 27				ddress (P.O. Box Number is Not Acceptable)				
HAINES CITY, FL 33844			15	15 CRYSTAL WATERS DR				
		,	City 🚜	LINTEDA	AINE II	FL Zip Co	9 C- A	
				111 161 1	NYCN		80	
	named entity submits this statement for ions of registered agents	the purpose of changing its regi	istered office or	registered agent, or bo	th, in the State of	Florida. I am familiar with.	, and accept	
Inc congar	ions or registered ages.		1 = 0 +	ONES		11/20/0		
SIGNATURE	Signature, typed or printed rame of registered agent a	und title if applicable. (NOTE: Reg	-	re required when reinstating)		9 / 20 / U	<u>6</u>	
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign F		\$5.00 May Be				
Aftor Ma	ay 1, 2006 Fee will be \$550.0	Trust Fund Contribut	tion.	Added to Fees				
10.	OFF-CERS AND I	DIRECTORS	11.	ADDITIONS	I /CHANGES TO O	FFICERS AND DIRECTOR	S IN 11	
TITLE	D	☐ Defete	TITLE 3	LES JONE	<u> </u>	Change	☐ Addition	
NAME	JONES, LES		NAME	207 S.D	IXIEDK	?		
STREET ADDRESS	2941 PLANTATION RD		STREET ADDRESS	207 310			1111	
CITY+ST+ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP	HAINES	طر ۱۱۲	FC. 3389	2 4	
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME					
STREET ADDRESS C 1Y-ST 7/P			STREET ADDRESS CITY-ST-ZIP					
		fla.				C Channel	- Addition	
TTG NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
MILE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME			_ ·	_	
STREET ADDRESS			STREET ADDRESS					
CITY-\$T-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
HAME			NAME					
CITY STUZZ			STREET ADDRESS CITY-ST-ZIP					
1. 21. 31. 22			UIT-31-ZIP					
						7 -		
1116		☐ Delete	TITLE			☐ Change	☐ Addition	
1°LE HAME		☐ Delete	NAME			☐ Change	Addition	
TITLE HAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	
1/1CE HAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with		NAME Street address City-St-Zip	ontained in Chanter 11	9 Florida Statute			

12. I hereby certify that the information supplied with this Birg 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 fulf 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 trusted supplemental 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 a director with all other like empowered

SIGNATURE

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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