Mailing Address

P.O. BOX 515 KEY WEST FL 33041

1. Entity Name

N & C ENTERPRISES, INC.

Principal Place of Business

107 FRONT STREET #214

KEY WEST FL 33041



FILED

03 DEC -9 PM 2: 08

SECRETARY OF STATE TALL AHASSEE, FLORIDA

O CAMBERTO AND CONTRACTOR DO AND ADDRESS MADE ADDRESS AND CAMBER DATE OF THE CAMBER AND CAMBER AND CAMBER ADDRESS AND CAMBER AND CAM

TITLE D GILMORE, CHARLES R Delete TITLE NAME STREET ADDRESS TOT FRONT STREET #214 KEY WEST FL 33041 DIV. ST. ZIP DELETE MAME DELETE MAME DIV. ST. ZIP DELETE MAME DELETE MAME DIV. ST. ZIP DELETE DELETE MAME DELETE							
Suite, Apt. #, etc. City & State Country Country Country Country Country Country Country Country A, FEI Number 65-0876504 Applies Feb. S8.75 Anadelonal Feb. Name Street Address of New Registered Agent Name Street Address (FO. Box Number is Not Acceptable) Street Address (FO. Box Number is Not Acceptable) City FL	2. Principal Place of Business		3. Mailing Address	OCK DL	2	### BEI BE	
ZP Country Zp 33040 Country S. Certificate of Status Desired S. S. Achtificate of Status Desired S. S. Achtificate S. S.	Suite, Apt.	#, etc.			REINSTANTANT	A IND CHANGES .	
S. S. Cerricator of status bearing Fee Required S. S. Cerricator of status bearing Fee Required S. Certification Status bearing Fee Required Status home Fee Required Status home Status bearing Fee Required Status home Fee Required Status home Status bearing Fee Required Status home Fee Required Status home Status bearing Fee Required Status home Fee Required Status	City & Stat	е	City & State WB \$ 7	, FL	4. FEI Number 65-0876504		
GLIMORE, CHARLES R INT FRONT STREET #214 Street Address (RO. Box Number is Not Acceptable) City FL Zip Codd B. 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 FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 11. TITLE SIRET ADDRESS 107 FRONT STREET #214 CITY-ST-ZP CIMORE, CHARLES R SIRET ADDRESS 107 FRONT STREET #214 CITY-ST-ZP CIMORE, NORMA J Delde TILE CIMORE, NORMA J Delde TILE CIMORE, NORMA J Delde TILE CIMORE Delde TILE CIMORE Delde TILE CIMORE Delde TILE CITY-ST-ZP CITY-ST-ZP Change Addition MAKE Delde TILE CITY-ST-ZP CITY-ST-Z	Zip	Country	^{Zip} 33040	Country	5. Certificate of Status Desired		
Silent Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent		7. Name and Address of New Regi		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)				Name	Name		
KEY WEST FL 33041 City FL Zip Code	•			Street Add	ress (PO Box Number is Not Acceptable)		
City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Sig	1∭17 FROI	NT STREET #214		Street Add	ess (r.o. box Normber is Not Acceptable)		
B. 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 Signature, hipsed or proted reams of registered agent and 1964 applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$55.0.00 After September 10, 2003 Fee will be \$750.00 After Addition Fee will be \$750.00 A	KEY WES	T FL 33041					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	.5			City		Zip Code	
SIGNATURE FILE NOW!!! FEE IS \$550.00 After September 10, 2002 Fee will be \$750.00 Make Check Payable to Floridad Department of State Delete TILE DELETA	9 The above	named ontity submits this statement to	r the purpose of changing its	registered office or re	gistered agent, or both in the State of Elevide		
FILE NOW!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 0 DISTRICT ADDRESS CITY-ST-2P CIT			ir trie purpose or changing its i	registered office of re	gistered agent, or both, in the State of Florida	i. Fam familiar with, and accept	
FILE NOW!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 0				•			
After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10.	SIGNATURE .		and title if applicable. (NOTE:	: Registered Agent signature r	equired when reinstating)	DATE	
After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10.		UE NOWIN EEE IS SEED OO					
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS	, -					_ +	
TITLE D GILMORE, CHARLES R Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP CHange Addition Addition CHange CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHANGE CITY-ST-ZIP CITY-ST-ZIP CHANGE CITY-ST-ZIP CITIE CHANGE CITY-ST-ZIP CHANGE CHANGE CITY-ST-ZIP CHANGE CITY-ST-ZIP CITIE CITI					Irust Fund Contribution.	☐ Added to Fees	
GILMORE, CHARLES R 107 FRONT STREET #214 KEY WEST FL 33041 ITILE NAME STREET ADDRESS CITY-ST-ZIP GILMORE, NORMA J 107 FRONT STREET #214 KEY WEST FL 33041 ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME	10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 11	
107 FRONT STREET #214	TITLE		☐ Delete	TITLE		☐ Change ☐ Addition €	
CITY-ST-ZIP KEY WEST FL 33041	NAME						
TITLE D Delete TITLE 12/03/0301014-025 * 12/04/04 Addition STREET ADDRESS CITY-ST-ZIP Change Addition Additio					CONCOOR	open	
NAME STREET ADDRESS 107 FRONT STREET #214 STREET ADDRESS CITY-ST-ZIP STREET ADDRE			_ 	╉───		25 ***200 00 = 1	
STREET ADDRESS 11/05/03-01054-004 **550.00		_	∟ Delete				
CITY-ST-ZIP KEY WEST FL 33041	-			1	11706/030105400	74 ***550_00	
NAME STREET ADDRESS CITY-ST-ZIP CITY	CITY-ST-ZIP					7 - Wantan	
NAME STREET ADDRESS CITY-ST-ZIP CITY	TITLE		☐ Delete	TITLE	, in the second	Change Addition	
CITY-ST-ZIP	NAME			NAME			
Delete	STREET ADDRESS			STREET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME TITLE NAME NAME NAME	CITY-ST-ZIP			CITY-ST-ZIP		145	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	TITLE		☐ Delete			☐ Change ☐ Addition	
CITY-ST-ZIP				1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Delete TITLE NAME							
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME			□ Doleto	{		Change Addition	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Change Addition NAME NAME	NAME		□ Delete				
TITLE Delete TITLE Change Addition NAME NAME	STREET ADDRESS						
NAME NAME	CITY-ST-ZIP			CITY-ST-ZIP			
NAME NAME	TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
PIDET ADDRESS 1	NAME			•			
	STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		}	

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 an other five empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #