

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 11, 2005 08:00 AM  
Secretary of State

DOCUMENT # P98000096150

1. Entity Name

COMET.AND.MAVERICK.ENTHUSIASTS.ORGANIZATION,  
INC.



Principal Place of Business

1001 E. 25TH ST.  
SANFORD FL 32771

Mailing Address

1001 E. 25TH ST.  
SANFORD FL 32771



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt #, etc.

3. Mailing Address

Suite, Apt #, etc.

City & State

City & State

4. FEI Number

59-3654085

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRENSHAW, CHIP  
1001 EAST 25TH STREET  
SANFORD FL 32771

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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  
PCEO  
CRENSHAW, CHIP  
1001 E. 25TH STREET  
SANFORD FL 32771 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VP  
CRENSHAW SMITH, KIMBERLIE  
PO BOX 712  
SANFORD FL 32772 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
1100000224975  
02/11/05-80021-010 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
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CITY- ST- ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Chip Crenshaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Home Phone #