

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-08-2008 90033 050 ***150.00

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**

40020925



2. Principal Place of Business - No P.O. Box #
1370 SARATOGA St.

3. Mailing Address
1370 SARATOGA St.

Suite, Apt. #, etc.

01282008 Chg-P CR2E034 (12/06)

City & State
DEland FL

City & State
DEland, FL

Zip
32724

Country
USA

Zip
32724

Country
USA

4. FEI Number
59-3654085

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CRENSHAW, CHIP
1001 EAST 25TH STREET
SANFORD, FL 32771

7. Name and Address of New Registered Agent

Name
CHIP CRENSHAW

Street Address (P.O. Box Number is Not Acceptable)
1370 SARATOGA St.

City
DEland

State
FL

Zip Code
32724

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. **MOVED TO DELAND, FL.**

SIGNATURE: *Chip Crenshaw*

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 NAME STREET ADDRESS CITY-ST-ZIP	PCEO CRENSHAW, CHIP 1001 E. 25TH STREET SANFORD, FL 32771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRENSHAW SMITH, KIMBERLIE PO BOX 712 SANFORD, FL 32772	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CRENSHAW, CHIP 1370 SARATOGA St. DEland, FL 32724	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRENSHAW SMITH, KIMBERLIE 1370 SARATOGA St. DEland, FL 32724	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Frederick Crenshaw* **1-29-08** **386-740-7459**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Chip Crenshaw