

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.

Suite, Apt. #, etc.

3. Mailing Address

1370 SARATOGA St.

Suite, Apt. #, etc.

01282008

Chg-P

CR2E034 (12/06)

City & State

DEland FL

City & State

DEland, FL

4. FEI Number

59-3654085

Applied For

Not Applicable

Zip

32724

Country

USA

Zip

32724

Country

USA

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

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 **PCEO** ☐ Delete
NAME **CRENSHAW, CHIP**
STREET ADDRESS **1001 E. 25TH STREET**
CITY-ST-ZIP **SANFORD, FL 32771**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCEO** ☒ Change ☐ Addition
NAME **CRENSHAW, CHIP**
STREET ADDRESS **1370 SARATOGA St.**
CITY-ST-ZIP **DEland, FL 32724**

TITLE **VP** ☒ Change ☐ Addition
NAME **CRENSHAW SMITH, KIMBERLIE**
STREET ADDRESS **1370 SARATOGA St.**
CITY-ST-ZIP **DEland, FL 32724**

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

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

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

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

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
Chip Crenshaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-08

Date

386-740-7459

Daytime Phone #