

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000102556

1. Entity Name
MBN ENTERPRISES, INC.



Principal Place of Business
2099 TAYLOR ROAD
DAYTONA BEACH, FL 32124

Mailing Address
2099 TAYLOR ROAD
DAYTONA BEACH, FL 32124

FILED
06 JUL 27 PM 3:34
CLERK OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07252006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-3546633

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

NEL, BRIAN J
2099 TAYLOR ROAD
DAYTONA BEACH, FL 32124

Name Magda Nel

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

5189 Rogers Ave

City Port Orange

FL

Zip Code 32127

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

Magda Nel Magda Nel President

7/25/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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 DP ☒ Delete
NAME NEL, BRIAN J
STREET ADDRESS 2099 TAYLOR ROAD
CITY-ST-ZIP DAYTONA BEACH, FL 32124

TITLE P.D. ☒ Change ☐ Addition
NAME Nel, Magda
STREET ADDRESS 5189 Rogers Ave
CITY-ST-ZIP Port Orange FL 32127

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Magda Nel

7/25/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #