

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2005 8:00 am**  
**Secretary of State**

01-07-2005 90019 024 \*\*\*150.00

50000627



01052005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3584801 Applied For... Not Applicable

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

DOCUMENT # P99000031982  
1. Entity Name  
WARRIOR ENTERPRISES, INC.



Principal Place of Business 1722-4 SOUTH 8TH STREET  
FERNANDINA BEACH, FL 32034  
Mailing Address 1722-4 SOUTH 8TH STREET  
FERNANDINA BEACH, FL 32034

2. Principal Place of Business Suite, Apt. #, etc.  
City & State  
Zip Country  
3. Mailing Address 604 New Berlin Rd  
Suite, Apt. #, etc. Suite 6  
City & State Jacksonville, FL  
Zip 32218 Country

6. Name and Address of Current Registered Agent  
CAMPBELL, CHRISTOPHER  
2603 DELOREAN ST  
FERNANDINA BEACH, FL 32034

7. Name and Address of New Registered Agent  
Name Ludwig & Bunn, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
5180 Belfort Rd. S.  
#500  
City Jacksonville FL Zip Code 32256

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 *J. M. Luch* as President 1-5-05  
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  
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	P GOVONI, GREGORY 14991 CAPE FOREST TRAIL JACKSONVILLE, FL 32226 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> CAMPBELL, CHRISTOPHER 2603 DELOREAN STREET FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S &amp; Treasurer</i> GOVONI, GRAHAM 284 OLD STAGE ROAD WOOLWICH, ME 04579 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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 all other like empowered.

SIGNATURE: *Christopher J. Campbell* / CHRISTOPHER J. CAMPBELL 1-5-05 904-714-9097  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #