

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-09-2006 90032 044 ***150.00

DOCUMENT # P99000039927			
1. Entity Name LONGWORTH ENTERPRISES, INC.			
Principal Place of Business 3538 ROLANDO DRIVE PALM HARBOR, FL 34683		Mailing Address 3538 ROLANDO DRIVE PALM HARBOR, FL 34683	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent LONGWORTH, ANTHONY 2226 CYPRESS POINT DRIVE E CLEARWATER, FL 34623		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3538 Rolando Dr. City Palm Harbor FL Zip Code 34683	
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 re-registering)			
FILE NOW!! FEE IS \$150.00 After May 1, 2006 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 LONGWORTH, ANTHONY 2226 CYPRESS POINT DRIVE E CLEARWATER, FL 34623 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	* President * 3538 Rolando Drive Palm Harbor, FL 34683 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Lee Longworth 1212 E. Oakwood St. Tarpon Springs, FL 34689 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 any other like empowered.			
SIGNATURE: <i>Anthony Longworth</i>		1/5/06 727-772-7976	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66000469



01052008 Chg-P CR2E034 (11/05)

4. FEI Number
59-3588515
Applied For
Not Applicable

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