

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90013 050 ***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 - No P.O. Box # 809 Sparrow Ave.		3. Mailing Address 809 Sparrow Ave			
Suite, Apt. #, etc.:		Suite, Apt. #, etc.:			
City & State Palm Harbor, FL		City & State Palm Harbor, FL		4. FEI Number 59-3588515	
Zip 34683		Country Pineillas		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LONGWORTH, ANTHONY 3538 ROLANDO DR. PALM HARBOR, FL 34683			7. Name and Address of New Registered Agent Name Anthony Longworth Street Address (P.O. Box Number is Not Acceptable) 809 Sparrow Ave. 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 2-5-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 3538 ROLANDO DR. CLEARWATER, FL 34623	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Anthony Longworth, P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 809 Sparrow Ave. Palm Harbor, FL 34683	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LONGWORTH, LEE 1212 E. OAKWOOD ST. TARPOON SPRINGS, FL 34689	<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
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
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 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:			2-5-08 (727) 871-9566		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		