


2005 FOR PROFIT CORPORATION ANNUAL REPORT

MAILED **FILED**
Jan 07, 2005 08:00 AM
Secretary of State
988

DOCUMENT-# P99000072062

1. Entity Name
M & E ENTERPRISES OF CENTRAL FLORIDA, INC.



Principal Place of Business Mailing Address

4280 N HWY 19A 4280 N HWY 19A
STE 5 STE 5
MOUNT DORA, FL 32757 MOUNT DORA, FL 32757

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3633086 Not Applicable

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

6. Name and Address of Current Registered Agent

MCGONIGAL, ELROY E
17318 E. RD.
UMATILLA, FL 32784

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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 _____ (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

TITLE	PCT
NAME	MCGONIGAL, ELROY E
STREET ADDRESS	17318 E. RD.
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	VS
NAME	MCGONIGAL, MARY E
STREET ADDRESS	17318 EAST RD
CITY-ST-ZIP	UMATILLA, FL 38784
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Elroy E. McGonigal* **ELROY E. MCGONIGAL** **352-357-7150**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #