

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000085386

1. Entity Name

ST. ANTHONY ENTERPRISES, INC.



Principal Place of Business

1024 62ND AVE. N.
ST. PETERSBURG, FL 33702

Mailing Address

1024 62ND AVE. N.
ST. PETERSBURG, FL 33702



03242008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3599034

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WASSEF, RAFEK NAGY
1024 62ND AVE. N.
ST. PETERSBURG, FL 33702

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IN THIS SPACE**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTR
NAME WASSEF, RAFEK NAGY
STREET ADDRESS 1024 62ND AVE. N.
CITY-ST-ZIP ST. PETERSBURG, FL 33702

TITLE VPS
NAME WASSEF, SOHAIR
STREET ADDRESS 1024 62ND AVE. N.
CITY-ST-ZIP ST. PETERSBURG, FL 33702

TITLE S
NAME WASSEF, RAMY
STREET ADDRESS 1812 AUDREY DR
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE S
NAME WASSEF, NAGY
STREET ADDRESS 1812 AUDREY DR
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000873412
04/10/08-80077-018 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #