

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90151 048 ***150.00

DOCUMENT # **S48916**

1. Corporation Name

EKBERG ENTERPRISES, INC.

Principal Place of Business
P.O. BOX 471355
LAKE MONROE FL 32747-1355
US

Mailing Address
P.O. BOX 471355
LAKE MONROE FL 32747-1355
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1991

4. FEI Number

59-3090311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EKBERG, DANIEL
6742 GOLDENEYE DR
ORLANDO FL 32810

81 Name **Ekberg, Daniel**

82 Street Address (P.O. Box Number is Not Acceptable)
6888 Hidden Glade Place

83

84 City **Sanford, FL**

FL

85 Zip Code
32771

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **EKBERG, JEANETTE**
CITY-ST-ZIP **6888 HIDDEN GLADE PLACE**
SANFORD FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **EKBERG, DANIEL**
CITY-ST-ZIP **6888 HIDDEN GLADE PLACE**
SANFORD FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **DEWEESE, RAY**
CITY-ST-ZIP **2715 COVENTRY LANE**
OCFEE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **VP**
STREET ADDRESS **LLOYD-GERACCI, KATHLEEN**
CITY-ST-ZIP **951 BIRD BAY CT. #107**
LAKE MARY FL 32810

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **V/P**
4.3 STREET ADDRESS **Brinson, Raymond**
4.4 CITY-ST-ZIP **2011 Warrens Ave.**
Maitland, FL 32751

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeannette Ekberg V.P. **JEANNETTE EKBERG**

1/4/99

407-324-8505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0086313