

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90277 006 ***150.00

DOCUMENT # S48916

1. Entity Name
EKBERG ENTERPRISES, INC.



Principal Place of Business

2774 DEPOT ST
SANFORD, FL 32773 US

Mailing Address

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

2. Principal Place of Business

2773 Navigator Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sanford, FL

City & State

Zip

32773

Country

Seminole

Zip

Country

01232006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3090311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EKBERG, DANIEL
8407 RIVER BRANCH PL
SANFORD, FL 32771

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2773 Navigator Ave

City

Sanford

FL

Zip Code

32773

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

4-10-06

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

TITLE **VPS** ☐ Delete
NAME **EKBERG, JEANETTE**
STREET ADDRESS **8407 RIVER BRANCH PL**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE **PT** ☐ Delete
NAME **EKBERG, DANIEL**
STREET ADDRESS **8407 RIVER BRANCH PL**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE **MVP** ☐ Delete
NAME **HORNSBY, DAVID**
STREET ADDRESS **160 N 4TH ST**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **MVP** ☒ Delete
NAME **DIGMAN, GARRETT**
STREET ADDRESS **2511 RIVERTREE CT**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Dan Shberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06

Date

407-324 8505

Daytime Phone #