

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S65531

Entity Name: ENNEKING EAST, INC.

FILED
Jul 15, 2004
Secretary of State

Current Principal Place of Business:

POST OFFICE BOX 444
MELROSE, FL 32666

New Principal Place of Business:

Current Mailing Address:

C/O MARR SCARBOROUGH
2504 NW 24TH TERRACE
GAINESVILLE, FL 32605 US

New Mailing Address:

C/O MARK SCARBOROUGH
2504 NW 24TH TERRACE
GAINESVILLE, FL 32605 US

FEI Number: 65-0345074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOVAY, JOHN C
633 NW 8TH AVENUE
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ENNEKING, WILLIAM F.,
Address: POST OFFICE BOX 444 ((N/A))
City-St-Zip: MELROSE, FL 32666

Title: P () Delete
Name: ENNEKING, WILLIAM F.,
Address: P.O. BOX 257 ((N/A))
City-St-Zip: TERRA CIA, FL 32666

Title: S () Delete
Name: IVEY, OLIVIA E.,
Address: 4601 NW 29TH TERRACE
City-St-Zip: GAINESVILLE, FL

Title: T () Delete
Name: SCARBOROUGH, MARK,
Address: 2504 NW 24TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: ENNEKING, WILLIAM F.,
Address: P.O. BOX 257 ((N/A))
City-St-Zip: TERRA CEIA, FL 32666

Title: S (X) Change () Addition
Name: IVEY, OLIVIA E.,
Address: 1232 NW 36 DRIVE
City-St-Zip: GAINESVILLE, FL 32605

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK SCARBOROUGH

T

07/15/2004

Electronic Signature of Signing Officer or Director

_____ Date