

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S65531

Entity Name: ENNEKING EAST, INC.

FILED  
Jan 19, 2008  
Secretary of State

## Current Principal Place of Business:

2504 NW 24TH TERRACE  
GAINESVILLE, FL 32605

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

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

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 CEIA, FL 32666

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ENNEKING, WILLIAM F.,  
Address: 5246 SW 24TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32608

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

TREA

01/19/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date