## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 20, 2004 08:00 AM Secretary of State DOCUMENT # J10859 1. Entity Name ROBERT ENNIS INVESTMENTS, INC. Principal Place of Business Mailing Address 400 NORTH PINE ISLAND ROAD 400 NORTH PINE ISLAND ROAD -SUITE 300 SUITE 300 PLANTATION, FL 33324 PLANTATION, FL 33324 04102004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2669141 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent DO NOT WRITE ENNIS, ROBERT 3455 STALLION LN WINDHILL RANCH ESTATES IN THIS SPACE WESTON, FL 33331 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. (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PS TITLE ENNIS, ROBERT NAME STREET ADDRESS 3455 STALLION LN WINDHILL RANCH ESTATES WESTON, FL 33331 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the received or trustee emplayered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: 🗵

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ED NAME OF SIGNING

**FILED**