

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90020 038 ***158.75

DOCUMENT # P09653 1. Entity Name ENSCO, INC.	
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Principal Place of Business 5400 PORT ROYAL RD. SPRINGFIELD, VA 22151	Mailing Address 5400 PORT ROYAL RD. SPRINGFIELD, VA 22151
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40023137



02022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-1250229	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KIRSCHENBAUM, JACK A
 1800 WEST HIBISCUS BLVD.
 STE. 138
 MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BROOME, PAUL W III 3093 WINDSONG DRIVE OAKTON, VA 22124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCDONALD, JOANNE 15824 SHEADS MOUNTAIN RD. RIXEYVILLE, VA 22737
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOGDANOVIC, MILAN 5328 CHANDLEY FARM CR. CENTREVILLE, VA 20120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **2-8-07** **703-321-4450**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MILAN BOGDANOVIC