

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 20, 2002 8:00 am
Secretary of State

05-13-2002 90091 036 ***150.00

DOCUMENT # **P94000038408**

1. Entity Name

Ann Enterprises, Inc

DO NOT WRITE IN THIS SPACE

36197

2. Principal Place of Business
1703 Little Point Cir
Suite, Apt. #, etc.

3. Mailing Address
1703 Little Point Cir.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Sarasota FL

City & State
Sarasota, FL

4. FEI Number
65-0530031

Applied For
Not Applicable

Zip
34231

Country
USA

Zip
34231

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Nevin A. Wilson P.A.**
Street Address (P.O. Box Number is Not Acceptable)
100 Wallace Ave. Suite 100

City **Sarasota** FL Zip Code **34237**

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.

SIGNATURE

Nevin A. Wilson
Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when renewing)

6/6/02
Date

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1st Fee is \$150.00
April 1st Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to: Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Anne T. Stenger, President
1703 Little Pt. Circle
Sarasota, FL 34231**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V. President
Walter Vincent G. Stinger
1703 Little Pt. Circle
Sarasota FL 34231**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Secretary
Katherine Stinger
4539 Leta Lane
Sarasota FL 34234**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

CR20034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anne T. Stenger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 02
Date

941 924 1930
Daytime Phone #