2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2005 08:00 AM Secretary of State

ANNUAL REPORT				
DOCUMENT # P95000000815				Secretary of State
1. Entity Nan		310		
	NTERPRISES INC			
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· '	ce of Business	Mailing Address		
5350 10TH	AVE N	5350 10TH AVE N		
SUITE 5	H, FL 33463	SUITE 5 LAKE WORTH, FL 33463	• •	
	n, ru 33403	DANE WORTH, FL JUTUU		THE REPORT OF THE PROPERTY OF
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				03202005 No Chg-P CR2E034 (10/03)
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			-	4. FEI Number Applied For 85-0555108 Not Applied be
				¢9.76 Addward
	The section of the se			5. Certificate of Status Desired Fee Required
	6. Name and Address of Current Re	egistered Agent		
MACHE	- ALLEMENTON	-		
WAGNER, CHARLES W				DO NOT WRITE
SUITE 5			1	
	RTH, FL 33463		}	IN THIS SPACE
			l	
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 obligation	anamed entity submits this statement for the sta	he purpose of changing its register	ed office or register	ed agent, or both, in the State of Florida. I am lamiliar with, and accept
•				
SIGNATURE.	Signature, typed or printed name of registered agent and	title / englicable (NOTE Registers	A Annat Sinnature remitted	when reinstating} DATE
Signature, typed of printed name of registered agent and title if applicable. (NOTE_Registered Agent signature required when reinstatung) DATE				
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be				
After M	ay 1, 2005 Fee will be \$550.00	Trust Fund Contribution.	☐ Add	ed to Fees
10.	OFFICERS AND DI	BECTORS T	· · · · · · · · · · · · · · · · · · ·	
TITLE	Р	RECIONS	1	• •
NAME	WAGNER, CHARLES W			· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	S 5350 10TH AVENUE NORTH, SUITE 5			
CITY-ST-ZIP	LAKE WORTH, FL	وده پيوه معود		
TITLE	ST	, , , , , , , , , , , , , , , , , , ,	1	U00300299947 04/11/05-80128-025 150.00
NAME	WAGNER, JANET B			04/11/05-80128-025 150.00
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CITY-ST-ZIP	LAKE WORTH, FL			
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CITY-ST-ZIP	1.5 mg (7)			************************************
12. I nereby 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 least effect as if made under path; that I am an officer or director.				
12. I hereby certify that the information supplied with this filing 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 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.				
changed, or on an attachment with an address, with all other like empowered.				

Date

Daytime Phone #

AMATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: