


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90160 002 \*\*\*150.00

**DOCUMENT # P98000018593**

1. Entity Name  
**3051 INDUSTRIAL ENTERPRISES, INC.**



Principal Place of Business      Mailing Address  
~~3051 INDUSTRIAL 25TH STREET~~      ~~3051 INDUSTRIAL 25TH STREET~~  
~~FORT PIERCE, FL 34946~~      ~~FORT PIERCE, FL 34946~~

20050149



2. Principal Place of Business      3. Mailing Address  
**777 SW Pelican Lane**      **777 SW Pelican Lane**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

04272005      Chg-P      CR2E034 (10/03)

City & State      City & State  
**Port St. Lucie, FL**      **Port St. Lucie, FL**  
 Zip      Country      Zip      Country  
**34986**      **US**      ~~349~~ **34986**      **US**

4. FEI Number      Applied For  
**65-0818830**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**MCHUGH, JOHN J JR**  
**333 17TH STREET**  
**SUITE U**  
**VERO BEACH, FL 32960**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BOSER, RON</b>
STREET ADDRESS	<b>3051 INDUSTRIAL 25TH STREET</b>
CITY-ST-ZIP	<b>FORT PIERCE, FL 34946</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: *Ronald Boser, Pres.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-05      72891-6342  
 Date      Daytime Phone #