

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 10 AM 8:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DOCUMENT # P98000030534 1. Entity Name 4227 ENTERPRISE AVENUE, INC.			
Principal Place of Business		Mailing Address	
102 CLUBHOUSE DR #377 NAPLES, FL 34105		102 CLUBHOUSE DR #377 NAPLES, FL 34105	
2. Principal Place of Business		3. Mailing Address	
2236 Viewpoint Dr		2236 Viewpoint Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Naples, FL		Naples, FL	
Zip	Country	Zip	Country
34110	USA	34110	USA
4. FEI Number		Applied For	
65-0825233		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BURKE, WILLIAM M C/O BOND, SCHOENECK & KING, P.A. 1167 THIRD STREET SOUTH #107 NAPLES, FL 34102		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBIN KELLER, MARY C	NAME	
STREET ADDRESS	102 CLUBHOUSE DR #377	STREET ADDRESS	2236 Viewpoint Dr.
CITY-ST-ZIP	NAPLES, FL 34105	CITY-ST-ZIP	Naples, FL 34110
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBIN, KEVIN J	NAME	
STREET ADDRESS	220 EASTERN AVENUE	STREET ADDRESS	900033107619
CITY-ST-ZIP	BARRINGTON, IL 60010	CITY-ST-ZIP	04/20/04--01007--015 **676.25
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBIN, DANIEL C	NAME	
STREET ADDRESS	220 EASTERN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	BARRINGTON, IL 60010	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <u>Mary C. Tobin</u>		Date: <u>4/10/04</u> Daytime Phone #: <u>239 591 3541</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	