


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P98000030534  
 1. Entity Name  
 4227 ENTERPRISE AVENUE, INC.



Principal Place of Business: 2236 VIEWPOINT DR, NAPLES, FL 34110  
 Mailing Address: 2236 VIEWPOINT DR, NAPLES, FL 34110

**DO NOT WRITE IN THIS SPACE**

FILED  
 05 APR 14 PM 5:30  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



04072005 No Chg-P CR2E034 (10/03) 150.00

4. FEI Number: 65-0825233 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BURKE, WILLIAM M  
 C/O BOND, SCHOENECK & KING, P.A.  
 1167 THIRD STREET SOUTH #107  
 NAPLES, FL 34102

**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: \_\_\_\_\_

**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: D NAME: TOBIN KELLER, MARY C STREET ADDRESS: 2236 VIEWPOINT DR CITY-ST-ZIP: NAPLES, FL 34110	<p>300054342013                      05/12/05--01078--001 **676.25</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE: D NAME: TOBIN, KEVIN J STREET ADDRESS: 220 EASTERN AVENUE CITY-ST-ZIP: BARRINGTON, IL 60010	
TITLE: D NAME: TOBIN, DANIEL C STREET ADDRESS: 220 EASTERN AVENUE CITY-ST-ZIP: BARRINGTON, IL 60010	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ 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: Molly Tobin-Keller MOLLY TOBIN-KELLER (239) 495-3581  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/12/05