

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90107 020 \*\*\*150.00

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



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

60038181



2. Principal Place of Business 3. Mailing Address  
 4252 LAKE FOREST DRIVE 2400 TAMiami TRAIL N.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 SUITE 201

04272006 Chg-P CR2E034 (11/05)

City & State City & State  
 BONITA SPRINGS, FL NAPLES, FL

4. FEI Number Applied For  
 65-0825233 Not Applicable

Zip Country Zip Country  
 34134 USA 34103 USA

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  
 9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOBIN KELLER, MARY C 2236 VIEWPOINT DR NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARY C. TOBIN 4252 LAKE FOREST DRIVE BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOBIN, KEVIN J 220 EASTERN AVENUE BARRINGTON, IL 60010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOBIN, DANIEL C 220 EASTERN AVENUE BARRINGTON, IL 60010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mary C. Tobin MARY C. TOBIN Date: 4/27/06 239 294-3581  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #