## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 12, 2007 08:00 A Secretary of State

Applied For

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1. Entity Name

4227 ENTERPRISE AVENUE, INC.



Principal Place of Business

4251 LAKE FOREST DR BONITA SPRINGS, FL 34134 Mailing Address

2400 TAMIAMI TR NORTH SUITE 201 NAPLES, FL 34103



DO NOT WRITE IN THIS SPACE

01292007 No Chg-P CR2E034 (11/05)

65-0825233	i	Not Applicable	
5. Certificate of Status Desired		\$8.75	Additional

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

4. FEI Number

NAPLES, FL 34102		IN THIS SPACE			
<ol><li>The above named entity submits this statement for the p the obligations of registered agent.</li></ol>	ourpose of changing its registere	ed office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept		
SIGNATURE Signature, typed or printed name of registered agent and title	if applicable (NOTE, Registered	d Agent signature required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	Election Campaign Finant     Trust Fund Contribution.	scing \$5.00 May Be Added to Fees			
10. OFFICERS AND DIREC	OTORS	a grant and a grant of the	1 He 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
TITLE D TOBIN, MARY C STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34134		and the second second			
TITLE D  MAME TOBIN, KEVIN J  STREET ADDRESS 220 EASTERN AVENUE  CITY-ST-ZIP BARRINGTON, IL 60010			000000630550 02/20/07-80012-006 150.00		
TITLE D NAME TOBIN, DANIEL C STREET ADDRESS CITY-ST-ZIP BARRINGTON, IL 60010		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-7IP		IN 7	THIS SPACE		
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TITLE NAME STREET ADDRESS CITY-ST-7IP  12. I hereby certify that the information supplied with this fil					

12. I nereby certily that the information supplied with this filling does not quality 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.

MARY C. TOBIN

SIGNATURE: Have Tobber Signing OFFICER OR DIRECTOR

2/08/07

Daytime Phone #