


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N93000000732  
 1. Entity Name  
 ENTERPRISE FLORIDA, INC.



Principal Place of Business: 390 N ORANGE AVE, SUITE 1300, ORLANDO, FL 32801 US  
 Mailing Address: 390 N ORANGE AVE, SUITE 1300, ORLANDO, FL 32801 US

**DO NOT WRITE IN THIS SPACE**



01242005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 59-3165226  
 Applied For:  Not Applicable:

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

6. Name and Address of Current Registered Agent  
 HAUG, HOWARD  
 390 N ORANGE AVE SUITE 1300  
 ORLANDO, FL 32801

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE: D NAME: LACHER, JOSEPH P STREET ADDRESS: 150 W FLAGLER ST STE 1901 CITY-ST-ZIP: MIAMI, FL
TITLE: P NAME: KELLEY, DARRELL STREET ADDRESS: 390 N ORANGE AVE #1300 CITY-ST-ZIP: ORLANDO, FL 32801
TITLE: C NAME: BUSH, JOHN E STREET ADDRESS: PL-05 THE CAPITOL CITY-ST-ZIP: TALLAHASSEE, FL 32399
TITLE: V/T NAME: HAUG, HOWARD STREET ADDRESS: 390 N ORANGE AVE, SUITE 1300 CITY-ST-ZIP: ORLANDO, FL 32801
TITLE: D NAME: KOEHN, GEORGE STREET ADDRESS: 2100 S ORANGE AVE TOWER 1 CITY-ST-ZIP: ORLANDO, FL 32801
TITLE: D NAME: OTIS, CLARENCE STREET ADDRESS: 5900 LAKE ELLENOR DR CITY-ST-ZIP: ORLANDO, FL 32809

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 02/08/05-80017-006 61.25

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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 617, 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: Howard Haug Howard Haug 1/27/2005 (407)316-4600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Case Daytime Phone #