


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90088 004 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

40053513



04172006 Chg-NP CR2E037 (11/05)

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**

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

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **LACHER, JOSEPH P**
 STREET ADDRESS **150 W FLAGLER ST STE 1901**
 CITY-ST-ZIP **MIAMI, FL**

TITLE **P** Change Addition
 NAME **Adams, John A.**
 STREET ADDRESS **390 N. Orange Ave #1300**
 CITY-ST-ZIP **Orlando, FL 32801**

TITLE **P** Delete
 NAME **KELLEY, DARRELL**
 STREET ADDRESS **390 N ORANGE AVE #1300**
 CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **D** Change Addition
 NAME **Stony, Susan**
 STREET ADDRESS **One Energy Place**
 CITY-ST-ZIP **Pensacola, FL 32520**

TITLE **C** Delete
 NAME **BUSH, JOHN E**
 STREET ADDRESS **PL-05 THE CAPITOL**
 CITY-ST-ZIP **TALLAHASSEE, FL 32399**

TITLE **D** Change Addition
 NAME **Kuntz, Tom**
 STREET ADDRESS **SunTrust Bank 200 S. Orange Ave.**
 CITY-ST-ZIP **Orlando, FL 32801**

TITLE **V/T** Delete
 NAME **HAUG, HOWARD**
 STREET ADDRESS **390 N ORANGE AVE, SUITE 1300**
 CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **D** Change Addition
 NAME **Halle, Howard**
 STREET ADDRESS **225 Water Street, 11th Floor, MC-0105**
 CITY-ST-ZIP **Jacksonville, FL 32202**

TITLE **D** Delete
 NAME **KOEHN, GEORGE**
 STREET ADDRESS **2100 S ORANGE AVE TOWER 1**
 CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **D** Change Addition
 NAME **Egan, Michael**
 STREET ADDRESS **1501 Belvedere Road**
 CITY-ST-ZIP **West Palm Beach, FL 33406**

TITLE **D** Delete
 NAME **OTIS, CLARENCE**
 STREET ADDRESS **5900 LAKE ELLENOR DR**
 CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE **D** Change Addition
 NAME **Ramil, John**
 STREET ADDRESS **702 N. Franklin Street**
 CITY-ST-ZIP **Tampa, FL 33601-0111**

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 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** **SVP Admin** **CFO** **4/17/06** **407-316-4512**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40053575

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Enterprise Florida, Inc.
390 N. Orange Avenue
Suite 1300
Orlando, FL 32801

Additional Officers/Directors:

TITLE	D
NAME	MELTON, HOWELL
STREET ADDRESS	200 S. ORANGE AVENUE, SUITE 2600
CITY-ST-ZIP	ORLANDO, FL 32801

TITLE	D
NAME	LEWIS, JAMES
STREET ADDRESS	200 CELEBRATION PLACE, 2ND FLOOR
CITY-ST-ZIP	CELEBRATION, FL 34747

TITLE	D
NAME	RIGSBY, JOHN
STREET ADDRESS	301 EAST PINE STREET, SUITE 600
CITY-ST-ZIP	ORLANDO, FL 32801