

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90005 021 \*\*\*\*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 - No P.O. Box #  
**800 N. Magnolia Ave.**

3. Mailing Address  
**800 N. Magnolia Ave.**

Suite, Apt. #, etc.  
**Suite 1100**

04232007 Chg-NP CR2E037 (12/06)

City & State  
**Orlando, FL**

4. FEI Number  
**59-3165226**

Applied For  
 Not Applicable

Zip  
**32803**

Country  
**USA**

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  
**Murphy, Pamela**

Street Address (P.O. Box Number is Not Acceptable)  
**800 N. Magnolia Avenue**  
**Suite 1100**

City  
**Orlando**

State  
**FL**

Zip Code  
**32803**

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 *Pamela Murphy* **Pamela Murphy, VP Finance/Accounting** **4/23/07**  
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, 2007**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ADAMS, JOHN A</b> <b>390 NORTH ORANGE AVE #1300</b> <b>ORLANDO, FL 32801</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STORY, SUSAN</b> <b>ONE ENERGY PLACE</b> <b>PENSACOLA, FL 32520</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>BUSH, JOHN E</b> <b>PL-05 THE CAPITOL</b> <b>TALLAHASSEE, FL 32399</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/T</b> <b>HAUG, HOWARD</b> <b>390 N ORANGE AVE, SUITE 1300</b> <b>ORLANDO, FL 32801</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EGAN, MICHAEL</b> <b>1501 BELVEDERE RD</b> <b>WEST PALM BEACH, FL 33406</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RAMIL, JOHN</b> <b>702 NORTH FRANKLIN ST</b> <b>TAMPA, FL 336010111</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Adams, John A.</b> <b>800 N. Magnolia Ave, Suite 1100</b> <b>Orlando, FL 32803</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>Crist, Charlie</b> <b>PL-05, The Capitol</b> <b>Tallahassee, FL 32399</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Laubscher, Louis</b> <b>800 N. Magnolia Ave, Suite 1100</b> <b>Orlando, FL 32803</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Kuntz, Thomas</b> <b>200 S. Orange Ave.</b> <b>Orlando, FL 32801</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Murphy, Pamela</b> <b>800 N. Magnolia Ave, Suite 1100</b> <b>Orlando, FL 32801</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Pamela Murphy* **Pamela Murphy** **4/23/07** **407-950-5644**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

ATTACHMENT  
40078756

2076 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT  
DOCUMENT #N93000000732

Enterprise Florida, Inc.  
800 N. Magnolia Avenue  
Suite 1100  
Orlando, FL 32803

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 AL PETRANGELI  
STREET ADDRESS 7901 SW 6TH COURT  
CITY-ST-ZIP PLANTATION, FL 33324

TITLE D  
NAME ALLAN BENSE  
STREET ADDRESS 1401 W. BEACH DRIVE  
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE D  
NAME ALAN BECKER  
STREET ADDRESS 3111 STIRLING ROAD  
CITY-ST-ZIP FT. LAUDERDALE, FL 33312

TITLE D  
NAME PETE TESCH  
STREET ADDRESS 3003 SW COLLEGE ROAD  
THE ENTERPRISE CENTER, SUITE 105  
CITY-ST-ZIP OCALA, FL 34475