

# 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**

**40078756**



2. Principal Place of Business - No P.O. Box #

**800 N. Magnolia Ave.**

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

City & State  
**Orlando, FL**

Zip  
**32803**

Country  
**USA**

3. Mailing Address

**800 N. Magnolia Ave.**

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

City & State  
**Orlando, FL**

Zip  
**32803**

Country  
**USA**

04232007 Chg-NP CR2E037 (12/06)

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  
**Murphy, Pamela**  
Street Address (P.O. Box Number is Not Acceptable)  
**800 N. Magnolia Avenue**  
**Suite 1100**  
City  
**Orlando** **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	P	<input type="checkbox"/> Delete
NAME	ADAMS, JOHN A	
STREET ADDRESS	390 NORTH ORANGE AVE #1300	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	STORY, SUSAN	
STREET ADDRESS	ONE ENERGY PLACE	
CITY-ST-ZIP	PENSACOLA, FL 32520	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	BUSH, JOHN E	
STREET ADDRESS	PL-05 THE CAPITOL	
CITY-ST-ZIP	TALLAHASSEE, FL 32399	
TITLE	V/T	<input checked="" type="checkbox"/> Delete
NAME	HAUG, HOWARD	
STREET ADDRESS	390 N ORANGE AVE, SUITE 1300	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EGAN, MICHAEL	
STREET ADDRESS	1501 BELVEDERE RD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAMIL, JOHN	
STREET ADDRESS	702 NORTH FRANKLIN ST	
CITY-ST-ZIP	TAMPA, FL 336010111	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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