

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006918

FILED  
Apr 23, 2010  
Secretary of State

**Entity Name:** ENTRUST MICROENTERPRISE DEVELOPMENT, INC.

**Current Principal Place of Business:**

136 S SHERIDAN AVE  
DELAND, FL 327205073

**New Principal Place of Business:**

**Current Mailing Address:**

136 S SHERIDAN AVE  
DELAND, FL 327205073

**New Mailing Address:**

**FEI Number:** 61-1601395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KELLER, EVAN  
136 S SHERIDAN AVE  
DELAND, FL 32720 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** KELLER, EVAN  
**Address:** 136 S SHERIDAN AVE  
**City-St-Zip:** DELAND, FL 32720

**Title:** D  
**Name:** LENTZ, SCOTT  
**Address:** 1140 S ORLANDO AVE, APT H2  
**City-St-Zip:** MAITLAND, FL 32751

**Title:** D  
**Name:** NESTRICK, DAVID  
**Address:** 1790 OAKLEY AVE  
**City-St-Zip:** DELAND, FL 32720

**Title:** D  
**Name:** ROBB, MARK  
**Address:** 1003 CALLE GRANDE  
**City-St-Zip:** ORMOND BEACH, FL 32174

**Title:** D  
**Name:** RIMANOCZY, ISABEL  
**Address:** 21205 NE 37TH AVE, APT #708  
**City-St-Zip:** AVENTURA, FL 33180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** EVAN L. KELLER

D

04/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date