

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 340798	
1. Entity Name ENDRESS ENTERPRISES, INC.	

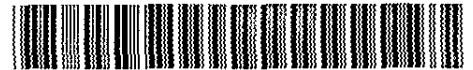
Principal Place of Business 14909 MAHOE CT FORT MYERS FL 33908 US	Mailing Address 14909 MAHOE CT FORT MYERS FL 33908 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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ENDRESS, WILLIAM J 14909 MAHOE CT FORT MYERS FL 33908	Name
	Street Address (P O. Box Number is Not Acceptable)
	City
	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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VS ENDRESS, JANIE R 14909 MAHOE CT FORT MYERS FL 33908 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000017119 01/28/04-80082-023 150.00	TITLE NAME STREET ADDRESS CITY-ST-ZIP PD ENDRESS, WILLIAM J 14909 MAHOE CT FORT MYERS FL 33908 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000017119 01/28/04-80082-024 8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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:  **1/21/04** **239 267 5222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR