
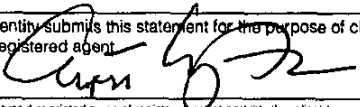
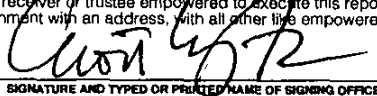


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90564 007 ***150.00

DOCUMENT # 379457 1. Entity Name E, T & D ENTERPRISES, INC.					
Principal Place of Business 321 VILLAGE DRIVE ST AUGUSTINE, FL 32095 US			Mailing Address 321 VILLAGE DRIVE ST AUGUSTINE, FL 32095 US		
2. Principal Place of Business 2750 ANATAMA DRIVE		3. Mailing Address Suite, Apt. #, etc.			
City & State ST. AUGUSTINE FL		City & State Suite, Apt. #, etc.		4. FEI Number 59-1346517	
Zip 32084		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SINGLETON, SCOTT 11 OAK AVE ST AUGUSTINE, FL 32095			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  DATE 4/27/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARDSON, TERRY 11 OAK AVE ST. AUGUSTINE, FL 32095		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEBSTER, DIMITY 321 VILLAGE DRIVE ST. AUGUSTINE, FL 32095		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEBSTER, DIMITY 761 Blackmoor Gate Ln ST. AUGUSTINE, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEBSTER, WAYNE 321 VILLAGE DRIVE ST. AUGUSTINE, FL 32095		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEBSTER, WAYNE 761 Blackmoor Gate Ln ST. AUGUSTINE, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 line empowered.					
SIGNATURE: 			Date 4/25/05 Daytime Phone #		