## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 620432** 

Entity Name: FERRIS ENTERPRISES INC.

FILED Feb 18, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

941 TANGLEWOOD CIR 10111 NW 24TH PLACE

WESTON, FL 33327 BLDG.197-105 SUNRISE, FL 33322

**Current Mailing Address:** New Mailing Address:

10111 NW 24TH PLACE BLDG 197-105 941 TANGLEWOOD CIR

WESTON, FL 33327 US SUNRISE, FL 33322

US

FEI Number: 59-1940800 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GOFF, CECIL GOFF, CECIL 941 TÁNGLEWOOD CIR 10111 NW 24TH PLACE BLDG 197-105 WESTON, FL 33327

SUNRISE, FL 33322 US

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: CECIL GOFF 02/18/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

( ) Delete

Title:

Name:

Address:

## **OFFICERS AND DIRECTORS:**

(X) Change ( ) Addition Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

GOFF, ESTHER GOFF, ESTHER Name:

941 TANGLEWOOD CIR 10111 NW 24TH PLACE- BLDG 197-105 Address:

SUNRISE, FL 33322 City-St-Zip: WESTON FL City-St-Zip:

Title: PSD Title: PSD () Delete (X) Change ( ) Addition Name:

GOFF, CECIL, Name: GOFF, CECIL.

941 TANGLEWOOD CIR 10111 NW 24TH PLACE- BLDG 197-105 Address: Address:

SUNRISE, FL 33322 City-St-Zip: WESTON, FL City-St-Zip:

Title: Title: (X) Change ( ) Addition VΡ ( ) Delete VΡ GOFF, ESTHER Name: GOFF, ESTHER Name:

941 TANGLEWOOD CIR 10111 NW 24TH PLACE - BLDG 197-105 Address: Address:

City-St-Zip: WESTON, FL 33327 City-St-Zip: SUNRISE, FL 33322

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: ESTHER GOFF 02/18/2004