

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90026 008 \*\*\*150.00



**DOCUMENT # 625377**  
 1. Entity Name  
**ENNIS C.P.A. ASSOCIATES, P.A.**

Principal Place of Business  
 101 E KENNEDY BLVD  
 SUITE 1250  
 TAMPA FL 33602

Mailing Address  
 101 E KENNEDY BLVD  
 SUITE 1250  
 TAMPA FL 33602



2. Principal Place of Business  
**2405 ARDSON PL.,**  
 Suite, Apt. #, etc.  
**404 A**  
 City & State  
**TAMPA, FL**

3. Mailing Address  
**2405 ARDSON PL.,**  
 Suite, Apt. #, etc.  
**404 A**  
 City & State  
**TAMPA, FL**

1st MOORE CR2E034 (10/05)

4. FEI Number **59-1913651** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Zip **33629** Country **HILLSBOROUGH** Zip **33629** Country **HILLSBOROUGH**

6. Name and Address of Current Registered Agent  
**ENNIS, HENRY G., JR.**  
**101 E KENNEDY BLVD**  
**SUITE 1250**  
**TAMPA FL 33602**

7. Name and Address of New Registered Agent  
 Name **HENRY G. ENNIS, JR.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2405 ARDSON PL., 404 A**  
 City **TAMPA** FL Zip Code **33629**

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 Henry G. Ennis Jr. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ENNIS, HENRY G., JR.	
STREET ADDRESS	2405 ARDSON PLACE, UNIT 404A	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	S	<input type="checkbox"/> Delete
NAME	ENNIS, FAY P	
STREET ADDRESS	2405 ARDSON PLACE, UNIT 404 A	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ENNIS, HENRY G III	
STREET ADDRESS	2808 MARLIN AVE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: Henry G. Ennis Jr. 1/26/06 813-209-2406  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #