


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

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

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| <b>DOCUMENT # 625377</b><br>1. Entity Name<br><b>ENNIS C.P.A. ASSOCIATES, P.A.</b> |  |
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| Principal Place of Business<br><b>101 E KENNEDY BLVD<br/>SUITE 1250<br/>TAMPA FL 33602</b> | Mailing Address<br><b>101 E KENNEDY BLVD<br/>SUITE 1250<br/>TAMPA FL 33602</b> |
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| 2. Principal Place of Business<br><b>2405 ARDSON PL.,<br/>Suite, Apt. #, etc.<br/>404 A</b> | 3. Mailing Address<br><b>2405 ARDSON PL.,<br/>Suite, Apt. #, etc.<br/>404 A</b> |
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|----------------------------------|----------------------------------|
| City & State<br><b>TAMPA, FL</b> | City & State<br><b>TAMPA, FL</b> |
| Zip<br><b>33629</b>              | Country<br><b>HILLSBOROUGH</b>   |

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| 4. FEI Number<br><b>59-1913651</b> | Applied For<br><input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
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| 6. Name and Address of Current Registered Agent<br><b>ENNIS, HENRY G., JR.<br/>101 E KENNEDY BLVD<br/>SUITE 1250<br/>TAMPA FL 33602</b> | 7. Name and Address of New Registered Agent<br>Name <b>HENRY G. ENNIS, JR.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2405 ARDSON PL., 404 A</b><br>City <b>TAMPA</b> FL Zip Code <b>33629</b> |
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| 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 <b>Henry G. Ennis Jr.</b><br><small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                | DATE |

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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ENNIS, HENRY G., JR.<br>2405 ARDSON PLACE, UNIT 404A<br>TAMPA FL 33629 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>ENNIS, FAY P<br>2405 ARDSON PLACE, UNIT 404 A<br>TAMPA FL 33629 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>ENNIS, HENRY G III<br>2808 MARLIN AVE<br>TAMPA FL 33611 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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. |  |
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| SIGNATURE: <b>Henry G. Ennis Jr.</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <b>1/26/06 813-209-2406</b><br><small>Date Daytime Phone #</small> |
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