2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2005 08:00 AM Secretary of State

	ANNUAL REPORT				Apr 05, 2005 00:00			
হত ব	1. Entity Nan	MENT # 659469 TERPRISES, INC.				Se	creta	ry of State
	55031 HADEN WAY		Mailing Address 55031 HADEN WAY CALLAHAN, FL 32011 US			 		
	DO NOT WRITE IN THIS SPACE			CE	03312005 No Chg-P CR2E034 (10/03) 4. FEI Number			
						of Status Desired		\$8.75 Additional ee Required
	6. Name and Address of Current Registered Agent HOLMES, JACQUELINE J. 4481 HADEN WAY CALLAHAN, FL 32011			DO NOT WRITE IN THIS SPACE				
	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 Signeture, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when refusating) DATE FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees							
	7.1.07 11.27 17.2000 1 00 11.11.20 4000100				7090 to 1-965	000000 04709705	/235283 .90021	; . <u>n10 150 00.</u>
	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIR PTD HOLMES, JACQUELINE J. 55031 HADEN WAY CALLAHAN, FL S GREGORY, DEBORAH A	ECTORS					
	STREET ADDRESS CITY-ST-ZIP	55031 HADEN WAY CALLAHAN, FL						
	TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		A Here Benezii (<u></u>)
	TITLE NAME STREET ADDRESS GITY-ST-ZIP	NAME STREET ADDRESS			IN THIS SPACE			
	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>	<u> </u>	<u> </u>	<u>`.</u>	adam (1991) samundam.
	TITLE NAME STREET ADDRESS					······································		ammercinis, is in americ surveyings.

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 inclicated 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.

CITY-ST-ZIP

SIGNATURE: Que que lue CHEOME TACQUE LINE THOLMES 4-4-05 904 879-6465