

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003551

FILED
Apr 15, 2005
Secretary of State

Entity Name: PLUS ENTERPRISES, INC., OF SC

Current Principal Place of Business:

3184 OLD NELSON ROAD, UNIT 4
CONWAY, SC 295262532

New Principal Place of Business:

Current Mailing Address:

3184 OLD NELSON ROAD, UNIT 4
CONWAY, SC 295262532

New Mailing Address:

FEI Number: 57-0750236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAUSE, MARGARET C
144 PARKLAND DRIVE
LAKE PLACID, FL 338529509 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GAUSE, PAUL D JR
Address: 3188 OLD NELSON ROAD
City-St-Zip: CONWAY, SC 295262532

Title: VPGA () Delete
Name: USE, PAUL D III
Address: 2139 WOODLAWN DRIVE
City-St-Zip: CONWAY, SC 295267709

Title: S () Delete
Name: GAUSE, JAMES N
Address: 3188 OLD NELSON ROAD
City-St-Zip: CONWAY, SC 295262532

Title: T () Delete
Name: GAUSE, ANGELA L
Address: 1908 HAPPY CREEK ROAD
City-St-Zip: SEYMOUR, TN 378655404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: PAUL D GAUSE JR

P

04/15/2005

Electronic Signature of Signing Officer or Director

Date