


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90697 025 \*\*\*150.00

DOCUMENT # F93000001302 1. Entity Name ENRIGHT & WILSON, INC.	
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Principal Place of Business 8036 MOORSBRIDGE ROAD KALAMAZOO, MI 49002	Mailing Address 8036 MOORSBRIDGE ROAD KALAMAZOO, MI 49002
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03192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 38-3046800	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  ENRIGHT, THOMAS 5555 HOLLYWOOD BOULEVARD, SUITE 200 HOLLYWOOD, FL 33021	<b>DO NOT WRITE IN THIS SPACE</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	CP WILSON, DAVID P 8036 MOORSBRIDGE ROAD KALAMAZOO, MI 49002
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VCVP ENRIGHT, THOMAS 5555 HOLLYWOOD BOULEVARD, SUITE 200 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DST SUNDSTRAND, MARK D 8036 MOORSBRIDGE ROAD PORTAGE, MI 49002
TITLE NAME STREET ADDRESS CITY-ST- ZIP	V ASHCRAFT, TIMOTHY 8036 MOORSBRIDGE ROAD KALAMAZOO, MI 49002
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

**DO NOT WRITE IN THIS SPACE**

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 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: Mark D. Sundstrand 4/14/04 2693874130  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #