



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90451 038 \*\*\*150.00

<b>DOCUMENT # F94000001315</b> 1. Entity Name <b>ENTECEE, INC.</b>					
Principal Place of Business <b>1 INDEPENDENT DR. JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>1 INDEPENDENT DR. ATTN: GERALD ROBINSON JACKSONVILLE, FL 32202 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  01062004 Chg-P CR2E034 (10/03)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>04-3206480</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VACS HOLLAND, GREG ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPT CROUCH, ROBERT ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO PAYNE, TIMOTHY D ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ACS TUTOR, TYRA ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CECCHINI, BOB ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT ROBINSON, GERALD ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> <i>Gerald Robinson</i> <b>Gerald Robinson</b> <b>4-19-04 904-360-2704</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

44036213  
# F94000001315**Entegee, Inc.  
Officers and Directors**

Title	Name	Social Security #	Business Address
Treasurer	Robert Crouch	264-69-1176	One Independent Drive Jacksonville, FL 32202
VP/ Asst Clerk/Secretary	Greg Holland	431-47-4839	One Independent Drive Jacksonville, FL 32202
Asst Clerk/Asst Secretary	Tyra Tutor	592-24-3636	One Independent Drive Jacksonville, FL 32202
Asst Treasurer	Neil Harrington		One Independent Drive Jacksonville, FL 32202
Chief Executive Officer	Timothy D. Payne	563-29-9957	One Independent Drive Jacksonville, FL 32202
President/Clerk/Secretary	Robert Cecchini	023-44-7254	<del>150 Bear Hill Rd</del> Waltham MA 02451
VP of Taxes	Gerald Robinson	051-62-4431	One Independent Drive Jacksonville, FL 32202
Director	Timothy D. Payne	563-29-9957	One Independent Drive Jacksonville, FL 32202
Director	Robert Cecchini	023-44-7254	150 Bear Hill Rd Waltham MA 02451
Director	Tyra Tutor	592-24-3636	One Independent Drive Jacksonville, FL 32202