

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000001315

1. Entity Name
ENTECEE, INC.



Principal Place of Business
**1 INDEPENDENT DR.
JACKSONVILLE, FL 32202 US**

Mailing Address
**1 INDEPENDENT DR.
ATTN: GERALD ROBINSON
JACKSONVILLE, FL 32202 US**



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3206480	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VACS
NAME	HOLLAND, GREG
STREET ADDRESS	ONE INDEPENDENT DRIVE
CITY - ST - ZIP	JACKSONVILLE, FL 32202

TITLE	SVPT
NAME	CROUCH, ROBERT
STREET ADDRESS	ONE INDEPENDENT DRIVE
CITY - ST - ZIP	JACKSONVILLE, FL 32202

TITLE	CEO
NAME	PAYNE, TIMOTHY D
STREET ADDRESS	ONE INDEPENDENT DRIVE
CITY - ST - ZIP	JACKSONVILLE, FL 32202

TITLE	ACS
NAME	TUTOR, TYRA
STREET ADDRESS	ONE INDEPENDENT DRIVE
CITY - ST - ZIP	JACKSONVILLE, FL 32202

TITLE	P
NAME	CECCHINI, BOB
STREET ADDRESS	ONE INDEPENDENT DRIVE
CITY - ST - ZIP	JACKSONVILLE, FL 32202

TITLE	VPT
NAME	ROBINSON, GERALD
STREET ADDRESS	ONE INDEPENDENT DRIVE
CITY - ST - ZIP	JACKSONVILLE, FL 32202

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04/25/05-80052-025 150.00

**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)(j), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-05

Date

904-360-2704

Daytime Phone #