

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90188 024 ***150.00

DOCUMENT # F95000000592

1. Entity Name

ENCORP INTERNATIONAL, INC.



Principal Place of Business

818 N. A1A
STE 202
PONTE VEDRA BEACH FL 32082

Mailing Address

818 N. A1A
STE 202
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

818 N A1A

3. Mailing Address

818 N A1A

Suite, Apt. #, etc.

SUITE 207G

Suite, Apt. #, etc.

207G

City & State

PONTE VEDRA BEACH FL

City & State

PONTE VEDRA BEACH FL

Zip

32082

Country

DUVAL

Zip

32082

Country

DUVAL

4. FEI Number

56-1741871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SAAD, BASSEL S
STREET ADDRESS 9 MANSOURIA RD
CITY-ST-ZIP AHRAM GIZA EGYPT

TITLE S ☐ Delete
NAME HANNA, RAY L
STREET ADDRESS 3RD FL, 1325 1/2 WISCONSIN AVE. NW
CITY-ST-ZIP WASHINGTON DC 20007

TITLE VP ☒ Delete
NAME SANDVOSS, KEITH A
STREET ADDRESS 205 CHARLEMANGE
CITY-ST-ZIP PONTE VEDRA FL 32246

TITLE T ☐ Delete
NAME MARING, MICHAEL
STREET ADDRESS 2753-159 MAYPORT RD.
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

M. S. MARING

4/22/2004 9042736614

Date

Daytime Phone #