

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90320 005 \*\*\*150.00

<b>DOCUMENT # F95042</b> 1. Entity Name <b>ENNIS ASSOCIATES, INC.</b>			
Principal Place of Business <b>%LAMONT &amp; NEIMAN, P.A.</b> <b>1 BISCAYNE TWR #3550, 2 S BISCAYNE</b> <b>MIAMI, FL 33131 US</b>		Mailing Address <b>%LAMONT &amp; NEIMAN, P.A.</b> <b>1 BISCAYNE TWR #3550, 2 S BISCAYNE</b> <b>MIAMI, FL 33131 US</b>	
2. Principal Place of Business <b>1170 N. FEDERAL HWY.</b> Suite, Apt. #, etc. <b># 208</b>		3. Mailing Address <b>1170 N. FEDERAL HWY</b> Suite, Apt. #, etc. <b>208</b>	
City & State <b>FORT LAUDERDALE FL</b> Zip <b>33304</b> Country <b>USA</b>		City & State <b>FORT LAUDERDALE FL</b> Zip <b>33304</b> Country <b>USA</b>	
4. FEI Number <b>59-2206628</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>LAMONT &amp; NEIMAN, P.A.</b> <b>1 BISCAYNE TOWER 3550 2 S BISCAYNE BLVD</b> <b>MIAMI, FL 33137</b>		7. Name and Address of New Registered Agent Name <b>PATRICIA ENNIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1170 N. FEDERAL HWY</b> <b>#208</b> City <b>FORT LAUDERDALE FL</b> Zip Code <b>33304</b>	
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			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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	DPTS <b>ENNIS, PATRICIA A</b> <b>1170 N FEDERAL HIGHWAY, APT 208</b> <b>FORT LAUDERDALE, FL 33304</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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.			
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date		Daytime Phone #	

**50037446**



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