2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G51894

1. Entity Name ENDCOR, INC.



Principal Place of Business

1878 SPRINWOOD CIRCLE N CLEARWATER, FL 33763 US Mailing Address

1878 SPRINGWOOD CIRCLE NO CLEARWATER, FL 33763 US

50009068



FILED

Apr 05, 2006 8:00 am Secretary of State

04-05-2006 90152 009 ***150.00

DO NOT WRITE IN THIS SPACE

04022006 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2445515 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ENDRES, JAMES A. 1878 SPRINGWOOD CIRCLE,N. CLEARWATE, FL. 34623

DO NOT WRITE IN THIS SPACE

			l l			
	ions of registered agent			•	he State of Florida. I am tamitiar with, and accept	
	Signature, typed or printed name of registered agent and title f	applicable. (NOTE: Re	gistered Agent signatura	required when reinstating)	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIRECTORS			,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ENDRES, JAMES A 1878 SPRINGWOOD CIR., N. CLEARWATER, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENDRES, KELLY E 1878 SPRINGWOOD CIR., N. CLEARWATER, FL					
TITLE NAME STREET ADDRESS CITY- ST-ZIP				DO N	OT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE						

12. I hereby certify that the information supplied with this filing does not qualify for the examptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

Jan A Edus

06 727-733-1842