

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # H07307</b> 1. Entity Name <b>ENNCO ENTERPRISES, INC.</b>	
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Principal Place of Business <b>1549 SW 5 AVE BOCA RATON, FL 33432 US</b>	Mailing Address <b>1549 SW 5TH AVENUE BOCA RATON, FL 33432 US</b>
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**DO NOT WRITE IN THIS SPACE**



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2425019</b>	Applied For 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**

**KREPP, ENN  
1549 SW 5TH AVE  
BOCA RATON, FL 33432**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**9. Election Campaign Financing**  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KREPP, ENN 2410 N.W. 16 LANE POMPANO BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KREPP, EDITH 2410 NW 16 LN POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000293110  
04/08/05-80014-012 150.00

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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)(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:** Enn Krepp **ENN KREPP** 4/4/2005 561-395-8846  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #