2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 01, 2006 08:00 AN Secretary of State

Daytime Phone #

ANNUAL REPURI				, _ Feb U1, 2006
1. Entity Name	MENT # J20874 ON ENTERPRISES, INC.			Secretary of State
Principal Place 1360 SE COVE STUART, FL 3	ERD.	Mailing Address 1360 SE COVE RD. STUART, FL 34997		
DO NOT WRITE IN THIS SPACE			CE	01232006 No Chg-P CR2E034 (11/05) 4. FEI Number
GIANINO, PETER T. 217 E. OCEAN BLVD. STUART, FL 34994				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 tale if applicable. [NOTE Registered Agent signature required when refinstating) DATE				
FILE NOW!!! 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				
NAME S STREET ADDRESS 1	OFFICERS AND DI DEINGLETON, MARK 1360 SE COVE RD. STUART, FL 34997	RECTORS		U00000414692 02/11/06-80046-018 150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1			DO NOT WRITE IN THIS SPACE
NTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. hereby per	tify that the information supplied with th	is filling does not qualify for the eve	motions contained	in Chapter 119, Florida Statutes, I further certify that the information

2. Thereby test true miormation supplied with this initing does not quality for me exemptions contained in Chapter 119, 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 of 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 DIRECTOR DIRECTOR