2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 08:00 Al Secretary of State

	VILLANT	REPURI					
1. Entity Nam	MENT # J42016 THE NTERPRISES, INC.					Secreta	ary of Sta
2424 MANATEE AVENUE WEST Suite 101		Mailing Address 2424 MANATEE AVENUE WEST SUITE 101 BRADENTON, FL 34205					18fa esani berhada kulbad
		IN THE SPA	literation is to	02082007	No Chg-P	CR2E034 (*	,
	O NOT WRITE	IN THIS SPA	N INIS SPACE,		8570		Applied For Not Applicable
to the second					of Status Desired	□ \$8.°	75 Additional Required
	6. Name and Address of Current	Registered Agent					1411/10
SUITE 101 BRADENT	ATEE AVENUE WEST		The second secon	IN T	NOT W	PACE	
the obligati	Signature, typed or printed name of registered agent.	·	ed Office of Teglister		n, t∩ (ne State di Fic	DATE	ar with, and accept
Fill After Ma	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.0	9. Election Campaign Fina Trust Fund Contribution	~ _ ~	.00 May Be led to Fees		000007129	544
10.	OFFICERS AND I	DIRECTORS		* * * * * * * * * * * * * * * * * * * *	10 11 17	6, 6, -6,66	2 UH 150. 0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WHISNANT, I. E. 2424 MANATEE AVENUE STE 16 BRADENTON, FL 34205						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHISNANT, FAE R. 2424 MANATEE AVENUE STE 10 BRADENTON, FL 34205	01 .					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SF	ACE	
TITLE		· · · · · · · · · · · · · · · · · · ·	1	٠		·	

12. I hereby certify that the information supplied with this filing does not qualify for the 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 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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. WHISNANT "

941-747-5002