

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # J48156

1. Entity Name  
SETAD ENTERPRISES, INC.



**FILED  
Apr 28, 2005 8:00 am  
Secretary of State**

04-28-2005 90155 030 \*\*\*150.00

Principal Place of Business  
125 ORANGE RIDGE DRIVE  
LONGWOOD, FL 32779

Mailing Address  
125 ORANGE RIDGE DRIVE  
LONGWOOD, FL 32779

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State

Zip      Country      Zip      Country

04112005      Chg-P      CR2E034 (10/03)

4. FEI Number  
NOT APPLICABLE

5. Certificate of Status Desired       **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

REYNOLDS, LINDA W  
125 ORANGE RIDGE DRIVE  
LONGWOOD, FL 32779

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**      Zip Code

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

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

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYNOLDS, LINDA W 125 ORANGE RIDGE DR. LONGWOOD, FL 32779	<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:

Linda W. Reynolds

4-21-05 407-402  
2098

Date

Daytime Phone #