


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # J59517 1. Entity Name ENTERPRISE MANUFACTURING COMPANY	
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Principal Place of Business P.O. BOX 175 LUTZ, FL 33548 0175 US	Mailing Address P.O. BOX 175 LUTZ, FL 33548
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DO NOT WRITE IN THIS SPACE



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2791334	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MABRY, RICHARD ERIC 18805 4TH ST., SE LUTZ, FL 33549	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature is best in printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	006000156473 05/05/04 080073 013 150.00
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10. OFFICERS AND DIRECTORS	
NAME MABRY, RICHARD ERIC STATE ADDRESS 18805 4TH ST. SE CITY-STATE LUTZ, FL	
NAME STATE ADDRESS CITY-STATE	
NAME STATE ADDRESS CITY-STATE	
NAME STATE ADDRESS CITY-STATE	
NAME STATE ADDRESS CITY-STATE	
NAME STATE ADDRESS CITY-STATE	

DO NOT WRITE 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 a change in or on an attachment with an address with all other like empowered.

SIGNATURE: <u>Richard E Mabry</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-27-04 Date	Daytime Phone #
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