


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # K97917 1. Entity Name <b>DEPUE ENTERPRISES INC.</b>					
Principal Place of Business <b>1472 19TH ST. PALM HARBOR FL 34683 US</b>			Mailing Address <b>PO BOX 63 PALM HARBOR FL 34682-0063</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2933879</b> <span style="float: right;">Applied For Not Applicable</span>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DEPUE, LEROY 1472 19TH ST. PALM HARBOR FL 34683</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		<b>FL</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00</b> May P Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete				
NAME	<b>DEPUE, LEROY</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS	<b>1472 19TH STREET</b>	NAME			
CITY - ST - ZIP	<b>PALM HARBOR FL 34683</b>	STREET ADDRESS			
CITY - ST - ZIP	<b>PALM HARBOR FL 34683</b>	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete				
NAME	<b>DEPUE, KAREN</b>	00000311101 <input type="checkbox"/> Change <input type="checkbox"/> Add			
STREET ADDRESS	<b>1472 19TH STREET</b>	04/18/05-80032-001 150.00			
CITY - ST - ZIP	<b>PALM HARBOR FL 34683</b>				
CITY - ST - ZIP	<b>PALM HARBOR FL 34683</b>				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete				
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TITLE	<input type="checkbox"/> Delete				
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CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					



1st MOORE CR2E034 (10/04)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:** *Leroy Depue* 4/8/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #