2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L14999

1. Entity Name
ENTERPRISE CONSULTING, INC.

Principal Place of Business
4601 DOW RIDGE
ORCHARD LAKE, MI 48324 US

Mailing Address
4601 DOW RIDGE
ORCHARD LAKE, MI 48324 US

01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0142804 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

PEABODY, WARREN W
4699 CONTINENTAL DRIVE
LOT 584
HOLIDAY, FL 34690

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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 _____
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

U00000205801
01/31/05-80055-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WHITE, ROBERT P
STREET ADDRESS	4601 DOW RIDGE
CITY-ST-ZIP	ORCHARD LAKE, MI
TITLE	S
NAME	WHITE, TOMMI A
STREET ADDRESS	4601 DOW RIDGE
CITY-ST-ZIP	ORCHARD LAKE, MI
TITLE	D
NAME	PEABODY, WARREN W
STREET ADDRESS	4699 CONTINENTAL DRIVE LOT 584
CITY-ST-ZIP	HOLIDAY, FL 34690
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert P. White 1/27/2005 248-682-6956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #