

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # L72552	
1. Entity Name ENTERPRISE TRAVEL SERVICE, INC.	
Principal Place of Business 7221 FOREST OAKS BLVD SPRING HILL, FL 34606 US	Mailing Address 7221 FOREST OAKS BLVD SPRING HILL, FL 34606 US



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3010559	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SKUSE, LAUREN L P 7221 FOREST OAKS BLVD. SPRING HILL, FL 34606	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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SKUSE, LAUREN L MISS 12242 MONARCO LANE SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SKUSE, LAWRENCE C MR 450 LITTLE PATH RD DES PLAINES, IL 60016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SE SKUSE, SHARON C MRS 450 LITTLE PATH RD DES PLAINES, IL 60016
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: X **352**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **X 2/15/05** **X 684-0681**
Date Daytime Phone #