

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90026 029 \*\*\*150.00

**DOCUMENT # L87899**

1. Entity Name  
**ENTAC, INC.**



Principal Place of Business  
**625 GREENCOVE TERRACE, #127  
ALTAMONTE SPRINGS, FL 32714**

Mailing Address  
**625 GREENCOVE TERRACE, #127  
ALTAMONTE SPRINGS, FL 32714**

**44028572**



2. Principal Place of Business  
**530 EAST CENTRAL AVE.**

3. Mailing Address  
**530 EAST CENTRAL AVE.**

04062004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.  
**UNIT 1601**

Suite, Apt. #, etc.  
**UNIT 1601**

City & State  
**ORLANDO, FL**

City & State  
**ORLANDO, FL**

4. FEI Number  
**59-3014271**

Applied For  
Not Applicable

Zip Country  
**32801 US**

Zip Country  
**32801 US**

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

6. Name and Address of Current Registered Agent

**CAPUANO, GARY  
625 GREENCOVE TERRACE #127  
ALTAMONTE SPRINGS, FL 32714**

7. Name and Address of New Registered Agent

Name  
**CAPUANO, GARY**  
Street Address (P.O. Box Number is Not Acceptable)  
**530 EAST CENTRAL AVE.**  
**UNIT 1601**  
City  
**ORLANDO** **FL** Zip Code  
**32801**

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
CAPUANO, GARY E.  
223 N. ORANGE BLOSSOM TRAIL  
ORLANDO, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
DONOVAN, PAUL  
BOX 550, GARNER AVENUE  
PARSONSFIELD, ME** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
CAPUANO, GARY E.  
530 EAST CENTRAL AVE, UNIT 1601  
ORLANDO, FL 32801** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Paul Donovan**

Date

Daytime Phone #

**5/6/04 207-625-4511**