


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L87899	
1. Entity Name ENTAC, INC.	

Principal Place of Business 530 EAST CENTRAL AVE. UNIT 1601 ORLANDO, FL 32801	Mailing Address 530 EAST CENTRAL AVE. UNIT 1601 ORLANDO, FL 32801
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DO NOT WRITE IN THIS SPACE



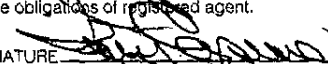

04232005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3014271	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CAPUANO, GARY 530 EAST CENTRAL AVE. UNIT 1601 ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

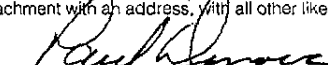
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 

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	STD CAPUANO, GARY E. 530 EAST CENTRAL AVE., UNIT 1601 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DONOVAN, PAUL BOX 550, GARNER AVENUE PARSONSFIELD, ME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000341328
04/29/05-80011-020 150.00

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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: 	5/23/05 207-625-4511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #