## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 11, 2005 08:00 AM Secretary of State DOCUMENT # M83631 1. Entity Name ENTERPRISE TRANSPORT, INC. Mailing Address Principal Place of Business % LINDA TUCKER % LINDA TUCKER 1300 S. FRENCH AVE., BOX 6-A 1300 S. FRENCH AVE., BOX 6-A SANFORD, FL 32771 SANFORD, FL 32771 01042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2894691 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE TUCKER, LINDA 1300 S. FRENCH AVE. BOX 6-A IN THIS SPACE SANFORD, FL 32771 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. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE TUCKER, LINDA NAME 000000177718 01/11/05-80060-012 150.00 151 SPRINGHURST CIRCLE STREET ADDRESS CITY - ST - ZIP LAKE MARY, FL TITLE TUCKER, DONALD NAME 151 SPRINGHURST CIRCLE STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 11116 NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED