


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90059 026 ****61.25

DOCUMENT # N93000000732					
1. Entity Name ENTERPRISE FLORIDA, INC.					
Principal Place of Business 800 N MAGNOLIA AVE SUITE 1100 ORLANDO, FL 32803 US			Mailing Address 800 N MAGNOLIA AVE SUITE 1100 ORLANDO, FL 32803 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3165226	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MURPHY, PAMELA 800 N MAGNOLIA AVE SUITE 1100 ORLANDO, FL 32803			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, JOHN A		NAME		
STREET ADDRESS	800 N MAGNOLIA AVE SUITE 1100		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STORY, SUSAN		NAME		
STREET ADDRESS	ONE ENERGY PLACE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32520		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRIST, CHARLIE		NAME		
STREET ADDRESS	PL-05 THE CAPITOL		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32399		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAUBSHER, LOUIS		NAME	Laubscher, Louis	
STREET ADDRESS	800 N MAGNOLIA AVE SUITE 1100		STREET ADDRESS	800 N Magnolia Ave, Suite 1100	
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP	Orlando, FL 32803	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUNTZ, THOMAS		NAME		
STREET ADDRESS	200 S ORANGE AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHY, PAMELA		NAME		
STREET ADDRESS	800 N MAGNOLIA AVE SUITE 1100		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: <i>Pamela Murphy</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Pamela Murphy		Date: 2/19/2008 Daytime Phone #: 407-950-5644	

ATTACHMENT

40031773

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT
DOCUMENT #N93000006732

Enterprise Florida, Inc.
800 N. Magnolia Avenue
Suite 1100
Orlando, FL 32803

Additional Officers/Directors:

TITLE	D
NAME	MELTON, HOWELL
STREET ADDRESS	200 S. ORANGE AVENUE, SUITE 2600
CITY-ST-ZIP	ORLANDO, FL 32801

TITLE	D
NAME	AL PETRANGELI
STREET ADDRESS	7901 SW 6TH COURT
CITY-ST-ZIP	PLANTATION, FL 33324

TITLE	D
NAME	ALLAN BENSE
STREET ADDRESS	1401 W. BEACH DRIVE
CITY-ST-ZIP	PANAMA CITY, FL 32401

TITLE	D
NAME	ALAN BECKER
STREET ADDRESS	3111 STIRLING ROAD
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312

TITLE	D
NAME	PETE TESCH
STREET ADDRESS	3003 SW COLLEGE ROAD THE ENTERPRISE CENTER, SUITE 105
CITY-ST-ZIP	OCALA, FL 34475