FILED Apr 21, 2006 8:00 am Secretary of State

2006 NOT-FOR-PROFIT CORPORATION	Apr 2
ANNUAL REPORT	Seci

## Mount Address Addre	DOCUMENT # N9400004998 1. Entity Name ENTERPRISE NORTH FLORIDA CORPORATION							ŕ	04-21-2000	-	21 ****6	
Sulle, Apt. #, 6to. Sulle, Apt. #, 6to.	4905 BELFORT RD			S BELFORT RD E 110	256 US						[1 	
City & State Country Country S. Country			Mailing Address									
Separation Sep			Suite, Apt. #, etc.				03232006	Chg-NP	CR2E03	<u> </u>		
S. Conflicted of Status Desired Foo Required	City & State			City & State								•
ROSSITER, ALAN W 4905 BELFORT RQAD SUITE 110 JACKSONVILLE, FJ. 32256 City FL	Zip				Cour	ntry				L F	ee Require	
ROSSITER, ALAN W 4905 BELFORT ROAD SUITE 110 JACKSONVILLE, FL 32256 City FL Zip Code City FL Zip Cod		6. Name and Address	of Current Registere	ed Agent		N		7. Name and	Address of New	Registered A	gent	
SUTTER 110 JACKSONVILLE, FL 32256 City FL Zip Code 8. The above names fritty submits this statement for the purpose of changing is registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Egistered agent. SIGNATURE Plining Fee is \$61.25 Due by May 1, 2006 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PO ROSSITER, ALAN W 905 BELFORT ROAD SUITE 110 SIRET AUGRESS OFFI-ST-2P ACKSONVILLE, FL 32217 TITLE DO NORTH LAURAL STREET SUITE 3700 JACKSONVILLE, FL 32202 TITLE DO NORTH LAURAL STREET SUITE 3700 JACKSONVILLE, FL 32202 TITLE DO NORTH ALANDES SIRET AUGRESS CITY-ST-2P JACKSONVILLE, FL 32202 TITLE DO NORTH LAURAL STREET SUITE 3700 JACKSONVILLE, FL 32202 TITLE DO NORTH ALANDES SIRET AUGRESS CITY-ST-2P JACKSONVILLE, FL 32202 TITLE DO NORTH LAURAL STREET SUITE 3700 JACKSONVILLE, FL 32202 TITLE DO NORTH LAURAL STREET SUITE 3700 JACKSONVILLE, FL 32202 TITLE DO NORTH JACKS SIRET AUGRESS CITY-ST-2P JACKSONVILLE, FL 32202 TITLE DO NORTH JACKS SIRET AUGRESS CITY-ST-2P JACKSONVILLE, FL 32202 TITLE DO NORTH JACKS SIRET AUGRESS CITY-ST-2P JACKSONVILLE, FL 32202 TITLE DO NORTH JACKS SIRET AUGRESS CITY-ST-2P JACKSONVILLE, FL 32202 TITLE DO NORTH JACKS SIRET AUGRESS CITY-ST-2P JACKSONVILLE, FL 32202 TITLE DO NORTH JACKS SIRET AUGRESS CITY-ST-2P JACKSONVILLE, FL 32202 TITLE DO NORTH JACKS SIRET AUGRESS SIRET AUGRESS CITY-ST-2P JACKSONVILLE, FL 32202 TITLE DO NORTH JACKS SIRET AUGRESS SIRET AUGR					,		dress (P	O. Box Numbe	r is Not Acceptab	ule)		
8. The above names firity 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 figurated agent. SIGNATURE Possible Possibl	SUITE 110) ^v			-							
SIGNATURE SIGNATURE						City				FL	Zip Code	e
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Pilling Fee is \$61.25 Selection Campaign Financing Trust Fund Contribution. \$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 PD CHANGE ROSSITER, ALAN W STREET ADDRESS CITY-ST-2IP CTY-ST-2IP CTY-ST-	SIGNATURE .											
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14. Thereby certify that the information supplied with this filling does not quality 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 applications, with all other like empowered.

SIGNATURE: _

THE AND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/06 904-730-