



Apr 22, 2005
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**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000050423		
1. Entity Name ENRICO'S INCORPORATED		
Principal Place of Business 10920-3 BAYMEDOWS RD. JACKSONVILLE, FL 32256		Mailing Address 10920-3 BAYMEDOWS RD. JACKSONVILLE, FL 32256
DO NOT WRITE IN THIS SPACE		
		
04192005 No Chg-P CR2E034 (10/03)		
4. FEI Number 59-3647731		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
PETRILLI, JOANNE 10920-3 BAY MEADOW ROAD JACKSONVILLE, FL 32256		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reelecting.)</small>		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETRILLI, ENRICO 10920-3 BAYMEDOWS RD. JACKSONVILLE, FL 32256	DO NOT WRITE IN THIS SPACE
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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 life empowered.		
SIGNATURE: <u>Joanne Petrilli</u> <u>Enrico Petrilli</u> <u>4/19/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone # <u>904-287-1501</u> <u>904-538-9882</u>		