


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90098 011 \*\*\*150.00

<b>DOCUMENT # P00000059374</b>	
1. Entity Name <b>EGIS ENTERPRISES, INC.</b>	

Principal Place of Business <b>23623 VIA CARINO LANE BONITA SPRINGS, FL 34135</b>	Mailing Address <b>23623 VIA CARINO LANE BONITA SPRINGS, FL 34135</b>
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2. Principal Place of Business - No P.O. Box # <b>28543 CHIANTI TER</b>	3. Mailing Address <b>28543 CHIANTI TER</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>BONITA SPRINGS, FL</b>	City & State <b>BONITA SPRINGS, FL</b>
Zip <b>34135</b>	Zip <b>34135</b>
Country <b>USA</b>	Country <b>USA</b>



01182007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>YATES, BRUCE A 23623 VIA CARINO LANE BONITA SPRINGS, FL 34135</b>	
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4. FEI Number <b>58-1943868</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent <b>BRUCE A. YATES Street Address (P.O. Box Number is Not Acceptable) 28543 CHIANTI TERRACE BONITA SPRINGS FL 34135</b>	
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. <b>Signature: Bruce A. Yates, PRES. 1-18-07</b> SIGNATURE: <i>Bruce A. Yates</i> (NOTE: Registered Agent signature required when reappointing) DATE: <b>1-18-07</b>	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PCFO</b>	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>YATES, BRUCE A</b>		NAME <b>28543 CHIANTI TERRACE</b>	
STREET ADDRESS <del>23623 VIA CARINO LANE</del>		STREET ADDRESS <b>28543 CHIANTI TERRACE</b>	
CITY-ST-ZIP <b>BONITA SPRINGS, FL 34135</b>		CITY-ST-ZIP <b>28543 CHIANTI TERRACE</b>	
TITLE <b>S</b>	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>YATES, SHARON A</b>		NAME <b>28543 CHIANTI TERRACE</b>	
STREET ADDRESS <del>23623 VIA CARINO LANE</del>		STREET ADDRESS <b>28543 CHIANTI TERRACE</b>	
CITY-ST-ZIP <b>BONITA SPRINGS, FL 34135</b>		CITY-ST-ZIP <b>28543 CHIANTI TERRACE</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>KETELSEN, JENNIFER L</b>		NAME <b>12340 MONTANA AVE., APT. 105</b>	
STREET ADDRESS <del>11707 CUSHEN AVE #6</del>		STREET ADDRESS <b>12340 MONTANA AVE., APT. 105</b>	
CITY-ST-ZIP <b>BRENTWOOD, CA 90049</b>		CITY-ST-ZIP <b>12340 MONTANA AVE., APT. 105</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>BOUKNIGHT, KRISTEN L</b>		NAME <b>5230 CHESTWICK PLACE</b>	
STREET ADDRESS <b>5230 CHESTWICK PLACE</b>		STREET ADDRESS <b>5230 CHESTWICK PLACE</b>	
CITY-ST-ZIP <b>CUMMING, GA 30040</b>		CITY-ST-ZIP <b>5230 CHESTWICK PLACE</b>	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: <i>Bruce A. Yates</i> <b>BRUCE A. YATES 1-18-07 239-947-4801</b>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #