


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90046 019 ***150.00

DOCUMENT # P00000112877

1. Entity Name
FAMILY ENHANCEMENT GROUP, INC.



Principal Place of Business
MOORINGS PROFESSIONAL BUILDING
2335 TAMiami TR. NORTH, STE. #407
NAPLES, FL 34103

Mailing Address
MOORINGS PROFESSIONAL BUILDING
2335 TAMiami TR. NORTH, STE. #407
NAPLES, FL 34103

50010132



2. Principal Place of Business
816 ANCHOR ROOE DR
 Suite, Apt. #, etc.

3. Mailing Address
816 ANCHOR ROOE DR
 Suite, Apt. #, etc.

01212005 Chg-P CR2E034 (10/03)

City & State
NAPLES FL

City & State
NAPLES FL

Zip
34103

Country
COLLIER

Zip
34103

Country
COLLIER

4. FEI Number
59-3686389

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

NOLD, FREDERICK M
200 LIVERMORE LANE
NAPLES, FL 34119

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOLD, DEE DEE 200 LIVERMOORE LANE NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 807, 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: *x [Signature]* **1/30/05** **239-430-1600**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #