## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## 05-02-2005 90975 030 \*\*\*150.00 **DOCUMENT # P01000018863** 1. Entity Name ENTERPRISE INVESTORS, INC. 40076471 Mailing Address Principal Place of Business 5840 RED BUG LAKE RD., #285 5840 RED BUG LAKE RD., #285 WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708 03122005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3707635 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROBERTS, D. DO NOT WRITE 5840 RED BUG LAKE RD., #285 WINTER SPRINGS, FL 32708 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. D TITLE ROBERTS, D. NAME STREET ADDRESS 5840 RED BUG LAKE RD., #285 CITY-ST-ZIP WINTER SPRINGS, FL 32708 NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME \$TREET ADORESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information sypplied 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 of trustee empowered by execute this report as required by phapter 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 pther like propowered.

SIGNATURE:

NAME STREET ADORESS CITY-ST-ZIP

WHE AND TYPED OR PRINTED NAME OF SUNING OFFICER OR DIRECTOR

129/05 407-699-4192

**FILED** 

Secretary of State

May 02, 2005 8:00 am