## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

### DOCUMENT # P01000022580

1. Entity Name ENTERKIN, INC.



Principal Place of Business

PO BOX 372 . MEXIA, AL 36458 Mailing Address

PO BOX 372 MEXIA, AL 36458

### FILED Mar 24, 2004 08:00 AM Secretary of State



02262004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3727538 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE, FL 32301-1283

## DO NOT WRITE IN THIS SPACE

	above named entity submits this statement for the purpose of changi- obligations of registered agent.	ng its registered office or registered agent, or both, in th	e State of Florida. I am familiar with, and accept
SIGNA	TURE		
	Signature, typed or printed name of registered agent and title if applicable	(NOTE Remetered Anant signature regulard when reinstation)	DATE

#### FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

03/24/04-80023-019 150.00

#### OFFICERS AND DIRECTORS 10. PTSE 33TLE NAME THOMPSON, GLENDA PO BOX 372 STREET ADDRESS CITY-ST-ZIP **MEXIA, AL 36458** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TELE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

# DO NOT WRITE IN THIS SPACE

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 like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-04

351-575-7081 Daylime Phone #