



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90056 004 ***150.00

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		
2. Principal Place of Business 6172 Barrineau Ln. Suite, Apt. #, etc.		3. Mailing Address 6172 Barrineau Ln. Suite, Apt. #, etc.		50034091  03222005 Chg-P CR2E034 (10/03)	
City & State Molino, FL Zip 32577 Country USA		City & State Molino, FL Zip 32577 Country USA		4. FEI Number 59-3727538 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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	
7. Name and Address of New Registered Agent Name: Glenda E. Thompson Street Address (P.O. Box Number is Not Acceptable): 6172 Barrineau Ln. City: Molino FL Zip Code: 32577				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: <u>Glenda E. Thompson</u> Glenda E. Thompson DATE: <u>3-29-05</u> <small>Signature, typed or printed name of registered agent (not applicable) (NOTE: Registered Agent signature required when reinstating)</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSE THOMPSON, GLENDA PO BOX 372 MEXIA, AL 36458 6172 Barrineau Ln Molino, FL 32577	<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 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: <u>Glenda E. Thompson</u> Glenda E. Thompson, Pres. 1-352-408-4340 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					