


**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.	
City & State Molino, FL		City & State Molino, FL	
Zip 32577	Country USA	Zip 32577	Country USA
4. FEI Number 59-3727538		Applied For 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 <i>Glenda E. Thompson</i>		Glenda E. Thompson	
Signature, typed or printed name of registered agent (if applicable)		(NOTE: Registered Agent signature required when reinstating)	
DATE		3-29-05	
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: <i>Glenda E. Thompson</i>		Glenda E. Thompson, Pres.	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	
		1-352-408-4340	

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