

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90113 034 ***150.00

DOCUMENT # P01000050302

1. Entity Name
ETP ENTERPRISES, INC.



Principal Place of Business
**12289 NORTHWEST 57TH ST.
CORAL SPRINGS, FL 33076-3643**

Mailing Address
**12289 NORTHWEST 57TH ST.
CORAL SPRINGS, FL 33076-3643**

40062067



2. Principal Place of Business
5144 Northwest 57th Drive
Suite, Apt. #, etc.

3. Mailing Address
5144 Northwest 57th Drive
Suite, Apt. #, etc.

04012006 Chg-P CR2E034 (11/05)

City & State
Coral Springs, FL

City & State
Coral Springs, FL

4. FEI Number
65-1105917

Applied For
Not Applicable

Zip
33067-4025

Country

Zip
33067-4025

Country

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

6. Name and Address of Current Registered Agent

**HANNA, THOMAS R
12289 NORTHWEST 57TH ST.
CORAL SPRINGS, FL 33076-3643**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5144 Northwest 57th Drive

City

Coral Springs

FL

Zip Code

33067-4025

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

x 4/21/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
HANNA, THOMAS R
12289 NORTHWEST 57TH ST.
CORAL SPRINGS, FL 330763643** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5144 Northwest 57th Drive
Coral Springs, FL 33067-4025** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]

Thomas R. Hanna

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4/21/06

954-598-0958

Date

Daytime Phone #