


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000100822 1. Entity Name ENTERPRISE LAN SYSTEMS INC.		
Principal Place of Business 4440 EAGLE CREEK CT ELKTON, FL 32033	Mailing Address 4440 EAGLE CREEK CT ELKTON, FL 32033	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SLIMAN, EDWARD L 4440 EAGLE CREEK CT ELKTON, FL 32033		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000540874 05/10/06-80036-002 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLIMAN, ED 4440 EAGLE CREEK CT. ELKTON, FL 32033	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SLIMAN, LINDY K 4440 EAGLE CREEK CT. ELKTON, FL 32033	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Edward L. Sliman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3-15-06</u> <u>904-808-7099</u> <small>Date Day/Min Phone n°</small>



03072006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3751440	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	