

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000044428

FILED
Apr 12, 2005
Secretary of State

Entity Name: ENHANCED COMMERCIAL SERVICES, INC.

Current Principal Place of Business:

80 PONDELLA RD UNIT G
N FT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

PO BOX 4726
NORTH FORT MYERS, FL 33918

New Mailing Address:

FEI Number: 65-1146937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHIDDEN, BILLY
80 PONDELLA RD UNIT G
N FT MYERS, FL 33903 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHIDDEN, BILLY
Address: 80 PONDELLA RD UNIT G
City-St-Zip: N FT MYERS, FL 33903

Title: D (X) Delete
Name: WHIDDEN, BILLIE JO
Address: 80 PONDELLA RD UNIT G
City-St-Zip: N FT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WHIDDEN, BILLY
Address: 80 PONDELLA ROAD UNIT G
City-St-Zip: NO. FORT MYERS, FL 33903

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILLY WHIDDEN

PRES

04/12/2005

Electronic Signature of Signing Officer or Director

Date