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## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 06, 2006 08:00 AM Secretary of State **DOCUMENT # P02000044428** ENHÂNCED COMMERCIAL SERVICES, INC. Principal Place of Business Mailing Address **80 PONDELLA RD UNIT G** PO BOX 4726 N FT MYERS, FL 33903 NORTH FORT MYERS, FL 33918 03222008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1146937 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WHIDDEN, BILLY DO NOT WRITE 80 PONDELLA RD UNIT G N FT MYERS, FL 33903 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: types or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. Ð TITLE WHIDDEN, BILLY NAME 80 PONDELLA ROAD UNIT G U00000493980 STREET ADDRESS 04/20/06-80028-007 150.0 City-ST-ZIP NO. FORT MYERS, FL 33903 MIS NAME STREET ADDRESS CITY-ST-ZIP Title STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

12. Thereby 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under cath, 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:

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-78P TITLE NAME STREET ADDRESS CITY-ST-ZIP

IN THIS SPACE

**FILED** 

Applied For

Not Applicable