

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90056 005 ***150.00

DOCUMENT # <i>P02 000068103</i>	✓
1. Entity Name	
Enloe/Morris Associates, Inc.	

24021246

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3145 S. Atlantic Avenue, Unit #203 Suite, Apt. #, etc.		3. Mailing Address 3145 S. Atlantic Ave Suite, Apt. #, etc. Unit #203	
City & State Daytona Beach Shores, FL		City & State D	
Zip 32118-6272	Country Volusia	Zip 32118	Country Volusia

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4. FEI Number 75-3070786	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fec Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Rose C Enloe	
Street Address (P.O. Box Number is Not Acceptable) 3145 S. Atlantic Avenue	
Unit # 203	
City Daytona Beach Shores	FL Zip Code 32118

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>Rose C. Enloe</i> Signature, typed or printed name of registered agent and title if applicable.	Rose C Enloe (NOTE: Registered Agent signature required when reinstating)
	3/11/04 DATE

January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.
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10. OFFICERS AND DIRECTORS	
TITLE <i>Sac. Treas</i>	D
NAME William D Morris	
STREET ADDRESS 3145 S. Atlantic Avenue, Unit #203	
CITY-ST-ZIP Daytona Beach Shores, FL 32118	
TITLE <i>Pres.</i>	D
NAME Rose C Enloe	
STREET ADDRESS 3145 S. Atlantic Avenue, Unit #203	
CITY-ST-ZIP Daytona Beach Shores, FL 32118	

11.	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Rose C. Enloe</i>	Rose C Enloe	3/12/04	(386) 322-0711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #