


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000083846	
1. Entity Name ENABLING, INC.	

Principal Place of Business 3233 STORRINGTON DRIVE TALLAHASSEE FL 32309 US	Mailing Address 3233 STORRINGTON DRIVE TALLAHASSEE FL 32309 US
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2. Principal Place of Business - No P.O. Box # 3233 Storrington Dr Suite, Apt. #, etc.	3. Mailing Address 3233 Storrington Dr Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32309	Zip 32309
Country USA	Country USA

4. FEI Number 01-0739584	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DELILLA, THOMAS 3233 STORRINGTON DRIVE TALLAHASSEE FL 32309	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELILLA, THOMAS 3233 STORRINGTON DR TALLAHASSEE FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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	1/26/08	850-668-4344
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