

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90730 043 ***158.75

DOCUMENT # P03000016392

1. Entity Name

ENERI TRED CORP.



Principal Place of Business

707 FLORIDA PKWY.
KISSIMMEE FL 34743

Mailing Address

707 FLORIDA PKWY.
KISSIMMEE FL 34743

2. Principal Place of Business

707 FLORIDA PARKWAY

Suite, Apt. #, etc.

3. Mailing Address

707 FLORIDA PARKWAY

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

KISSIMMEE, FLORIDA

City & State

KISSIMMEE, FLORIDA

4. FEI Number

76-0724094

Applied For

Not Applicable

Zip

34743

Country

OSCEOLA

Zip

34743

Country

OSCEOLA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLAN, TERESA I
707 FLORIDA PKWY.
KISSIMMEE FL 34743

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MILLAN, TERESA I
STREET ADDRESS 707 FLORIDA PKWY.
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE D ☐ Delete
NAME MILLAN, ALFONSO
STREET ADDRESS 707 FLORIDA PKWY.
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE D ☒ Delete
NAME QUEVEDO, TERESA
STREET ADDRESS 707 FLORIDA PKWY.
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE D ☒ Delete
NAME AGUIRRE, ROSALINDA
STREET ADDRESS 19 COWLES ST.
CITY-ST-ZIP HARTFORD CT 06114

TITLE D ☒ Delete
NAME AGUIRRE, DAVID W
STREET ADDRESS 19 COWLES ST.
CITY-ST-ZIP HARTFORD CT 06114

TITLE D ☒ Delete
NAME AGUIRRE, KERRY D
STREET ADDRESS 19 COWLES ST.
CITY-ST-ZIP HARTFORD CT 06114

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA MILLAN, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

(407) 348-5413

Date

Daytime Phone #