## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

## Apr 21, 2006 8:00 am Secretary of State **DOCUMENT # P03000090284** 04-21-2006 90094 027 \*\*\*150.00 1. Entity Name ENTÉCH GA, INC. Principal Place of Business Mailing Address 9176 SMITH CREEK RD PO BOX 2130 TALLAHASSEE, FL 32310 TALLAHASSEE, FL 32316 2. Principal Place of Business 3. Mailing Address 4 Suite, Apt. #, etc. Suite, Apt. #, etc. 04202006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4 FEI Number 20-0231812 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Andrea Jerikins JENKINS, ANDREA Street Address (P.O. Box Number is Not Acceptable) 9176 SMITH CREK Rd. 2617 CHARLES MCINTOSH RD TALLAHASSEE, FL 32310 Tallahassee 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. (NOTE: Recustore 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition ☐ Defete TITLE TITLE Change JENKINS, ANDREA NAME NAME 9176 SMITH CREEK RD. STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32316 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE ☐ Change Addition THE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition TETLE TITLE Change NAME NAME STREET ADORESS STREET ADDRESS CTTV-ST-7IP CITY-ST-7P ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 of like empowered. · 568

**FILED** 

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