


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90028 023 ***150.00

DOCUMENT # P03000090284 1. Entity Name ENTECH GA, INC.			
Principal Place of Business 9176 SMITH CREEK RD TALLAHASSEE, FL 32310		Mailing Address PO BOX 2130 TALLAHASSEE, FL 32316	
2. Principal Place of Business - No P.O. Box # 2131 N. Meridian Rd.		3. Mailing Address Suite, Apt. #, etc. #141	
City & State Tallahassee, FL		City & State Tallahassee, FL	
Zip 32303	Country US	Zip 32303	Country US
4. FEI Number 20-0231812		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JENKINS, ANDREA 9176 SMITH CREEK RD. TALLAHASSEE, FL 32310		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Andrea Jenkins</i></u> DATE <u>5/9/07</u> <small>Signature, typed or printed name of registered agent or officer if applicable. (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME JENKINS, ANDREA	TITLE P	NAME Andrea Jenkins
STREET ADDRESS 9176 SMITH CREEK RD.	CITY-ST-ZIP TALLAHASSEE, FL 32316	STREET ADDRESS 2131 N. Meridian Rd. #141	CITY-ST-ZIP Tallahassee, FL 32303
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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12. I hereby 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 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 line empowered.			
SIGNATURE: <u><i>Andrea Jenkins</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>5/9/07</u> <u>850-386-6022</u> <small>Date Daytime Phone #</small>	