

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90015 034 \*\*\*150.00

<b>DOCUMENT # P03000090284</b>					
<b>1. Entity Name</b> ENTECH GA, INC.					
<b>Principal Place of Business</b> 2131 N. MERIDIAN #141 TALLAHASSEE, FL 32303			<b>Mailing Address</b> PO BOX 2130 TALLAHASSEE, FL 32316		
<b>2. Principal Place of Business - No P.O. Box #</b> 1915 Angel Hollow Rd.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Tallahassee, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-0231812	
<b>Zip</b> 32308		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  JENKINS, ANDREA 9176 SMITH CREEK RD. TALLAHASSEE, FL 32310			<b>7. Name and Address of New Registered Agent</b> Name <u>Andrea Jenkins</u> Street Address (P.O. Box Number is Not Acceptable) <u>1915 Angel Hollow Rd.</u> City <u>Tallahassee</u> <u>FL</u> Zip Code <u>32308</u>		
<b>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.</b> SIGNATURE <u>Andrea Jenkins</u> <u>Andrea Jenkins</u> <u>President</u> <u>4/21/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENKINS, ANDREA 2131 N. MERIDIAN #141 TALLAHASSEE, FL 32303		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jenkins, Andrea 1915 Angel Hollow Rd. Tallahassee, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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	
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	
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	
<b>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 like empowered.</b>					
SIGNATURE: <u>Andrea Jenkins</u> <u>Andrea Jenkins</u> <u>President</u> <u>4/21/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

850-386-6022