2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2006 08:00 AN Secretary of State

| 1. Entity Name | MENT # P0300 NTERPRISES, INC. | 0130100 | | | | | J | |
|--|---|---|---|---|---|--|--|--|
| Principal Plac RIVERSPORT 5296 S. CHE HOMOSASSA | CUSTOM ADVENTURES & K ROKEE WAY | ayak\$ 41 | ing Address D7 N. LITTLEDOVE TERRAC RNANDO, FL 34442 US | _ | | | | |
| D | O NOT WE | | | CE | 02112006 4. FEI Numbe 20-039 | ber Applied For | | |
| 4107 N. LT | 6. Name and Address of RFF, KIRK A TTLEDOVE TERRACE DO, FL 34442 | | red Agent | DO NOT WRITE IN THIS SPACE | | | | |
| 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 trife if exprisable. [NOTE, Registered Agent signature required when releasing] OALE | | | | | | | | |
| FIL After Ma | E NOW!!! FEE IS \$15! by 1, 2008 Fee will be | 0.00 | Election Campaign Fina Trust Fund Contribution | ancing _ \$5. | .00 May Be | | <u> </u> | |
| 10. | | ERS AND DIRECT | Ope | | | <u> </u> | | |
| TITLE MANE STREET ADDRESS CITY-ST-ZIP | P DEARDORFF, CINDY L 4107 N. LITTLEDOVE TI HERNANDO, FL 34442 | | Una | | | HOTO | a za dozena en en | |
| TALE MAME STREET ADDRESS CITY - ST - ZIP | VP DEARDORFF, KIRK A 4107 N. LITTLEDOVE TO HERNANDO, FL 34442 | RRACĖ | | | | 03/28/06 | 0470373 -80010-025 | 150.00 |
| Tible Name Street address Caty-St-Zip | S DEARDORFF, CINDY L 4107 N. LITTLEDOVE T HERNANDO, FL 34442 | ERRACE | | | DO | NOT W | RITE | |
| Dile Marie Street address City-St-Zip | | | | | IN T | THIS SF | PACE | |
| nitle Name Street address City-St-Zip | | | <u>-</u> | | | | | |
| TITLE NAME SARELE ADDRESS CITY-ST-ZIP | | | | | | | | |
| 12. I hereby of indicated of the conchanged, | certify that the information sup- on this report or supplements paration or the receiver or true or on an attachment with an a | plied with this life if report is true an stee empowered is address, with all of | ng does not qualify for the ead accurate and that my sign to execute this report as required. | xemptions contained ature shall have the ulred by Chapter 607 | d in Chapter 119 same legal effect 7, Florida Statute | J. Florida Statutes. I ct as if made under is; and that my nam | further certify that the certific that it am an off e appears in Block 1 | ne information icer or director 0 or Block 11 if |

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR