

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000053528**

1. Entity Name  
**FERRY ENTERPRISES INC.**



Principal Place of Business  
**2253 SW OLYMPIC CLUB TERR  
PALM CITY, FL 33490**

Mailing Address  
**PO BOX 667  
PALM CITY, FL 34991**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**06-1721144**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**FERRY, JOSEPH III  
2253 SW OLYMPIC CLUB TERR  
PALM CITY, FL 33490**

**DO NOT WRITE  
IN THIS SPACE**

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 **JOSEPH J. FERRY 3RD**  
Signature, typed or printed name of registered agent and title if applicable

**Joseph J. Ferry 3rd**  
(NOTE: Registered Agent signature required when resigning)

**1/9/06**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	FERRY, JOSEPH III
STREET ADDRESS	PO BOX 667
CITY-ST-ZIP	PALM CITY, FL 34991
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000384618  
01/17/06-80023-005 158.75

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: **Joseph J. Ferry 3rd** **JOSEPH J. FERRY 3RD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/9/06**  
Date

**772**  
**223-8890**  
Daytime Phone #