


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # P04000063925**  
 1. Entity Name  
 ENTO/TECH, INC.



Principal Place of Business  
 7328 OTTER CREEK DRIVE  
 NEW PORT RICHEY, FL 34655

Mailing Address  
 7328 OTTER CREEK DRIVE  
 NEW PORT RICHEY, FL 34655

**DO NOT WRITE IN THIS SPACE**



01022008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0987664	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BASAGIC, BRUCE  
 7328 OTTER CREEK DRIVE  
 NEW PORT RICHEY, FL 34655

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000925719  
 05/20/08-80033-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BASAGIC, BRUCE 7328 OTTER CREEK DRIVE NEW PORT RICHEY, FL 34655
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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 like empowered.

SIGNATURE: *Bruce Basagic*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*BRUCE BASAGIC*  
 PRESIDENT

4/27/08 (727) 942-5107  
 Date Day/No Phone #