
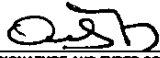


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90075 050 ***150.00

DOCUMENT # P05000064801 1. Entity Name ENTERPRISE NATIONAL SERVICE CORP.					
Principal Place of Business 13339 MEADOW BAY LOOP ORLANDO, FL 32824			Mailing Address 13339 MEADOW BAY LOOP ORLANDO, FL 32824		
2. Principal Place of Business - No P.O. Box # 1939 Meadow Pond Way		3. Mailing Address 1939 Meadow Pond Way			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Orlando FL		City & State Orlando FL		4. FEI Number 34-2040215	
Zip 32824		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32824		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, ORLANDO 13339 MEADOW BAY LOOP ORLANDO, FL 32824			7. Name and Address of New Registered Agent Name Rodriguez, Orlando Street Address (P.O. Box Number is Not Acceptable) 1939 Meadow Pond Way City Orlando FL Zip Code 32824		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RODRIGUEZ, ORLANDO 1339 MEADOW BAY LOOP ORLANDO, FL 32824	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Rodriguez, Orlando 1939 Meadow Pond Way Orlando FL 32824	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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 like empowered.					
SIGNATURE: 			Date: 03/30/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					