# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 24, 2007**
**Secretary of State**

DOCUMENT# P06000020780

**Entity Name:** ENTERPRISE CONTRACTING, INC.

**Current Principal Place of Business:**

5227 KINGSBURY STREET
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

5214 KINGSBURY STREET
JACKSONVILLE, FL 32205

**Current Mailing Address:**

5227 KINGSBURY STREET
JACKSONVILLE, FL 32205

**New Mailing Address:**

5214 KINGSBURY STREET
JACKSONVILLE, FL 32205

**FEI Number: 20-4301135** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COPE, GLENDA F
5227 KINGSBURY STREET
JACKSONVILLE, FL 32205 US

**Name and Address of New Registered Agent:**

COPE, BENJAMIN A
5214 KINGSBURY STREET
JACKSONVILLE, FL 32205 US

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.

SIGNATURE: BENJAMIN A. COPE 01/24/2007
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete
Name: COPE, BENJAMIN A
Address: 5227 KINGSBURY STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: D (X) Delete
Name: REGISTER, THOMAS G SR.
Address: 6860 GREENLAND RIDGE ROAD NORTH
City-St-Zip: JACKSONVILLE, FL 32226

Title: T/D (X) Delete
Name: TADLOCK, TIMOTHY A
Address: 559 CODY DRIVE
City-St-Zip: ORANGE PARK, FL 32073

Title: S/D (X) Delete
Name: COPE, GLENDA F
Address: 5227 KINGSBURY STREET
City-St-Zip: JACKSONVILLE, FL 32205

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition
Name: COPE, BENJAMIN A
Address: 5214 KINGSBURY STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENJAMIN A COPE PRES 01/24/2007
Electronic Signature of Signing Officer or Director Date