

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90186 020 ***150.00

DOCUMENT # P06000130060

1. Entity Name
ENTERPRISES PROPERTY MAN OF FL. INC.



Principal Place of Business
906 RIVERSIDE DR
WEST PALM BEACH FL 33463

Mailing Address
PO BOX 17933
WEST PALM BEACH FL 33416



2. Principal Place of Business - No P.O. Box #
2627 MERCER AVE
Suite, Apt. #, etc. STE 1

3. Mailing Address
P.O. Box 17933
Suite, Apt. #, etc. STE 1

1st MOORE CR2E034 (10/06)

City & State
W.P.B.

City & State
FL

4. FEI Number
76 0843297

Applied For
Not Applicable

Zip 33416 Country U.S.A

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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, MAUD
906 RIVERSIDE DR
WEST PALM BEACH FL 33463

7. Name and Address of New Registered Agent

Name MAUD LEWIS
Street Address (P.O. Box Numbers Not Acceptable)
906 RIVERSIDE
GREENACRES FL 33433
City FL Zip Code 33463

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 *Maud Lewis*

DATE 3.27.07

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$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	<input type="checkbox"/> Delete
P	CHRISTIE, CLIVE G	1581 WINDOAH WAY	ROYAL PALM FL 33411	<input type="checkbox"/>
D	CHRISTIE, GLASPOLE	1581 WINDOAH WAY	ROYAL PALM FL 33411	<input type="checkbox"/>
D	CHRISTIE, MARLON	1581 WINDOAH WAY	ROYAL PALM FL 33411	<input type="checkbox"/>
D	RICHARDS, STACEY A	7032 HAWKSNEST RD	W.P.B. FL 33407	<input type="checkbox"/>
D	CHRISTIE, STEPHANEY	2205 PARK HILL DR	W.P.B. FL 33417	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT				<input type="checkbox"/>	<input type="checkbox"/>
DIR				<input type="checkbox"/>	<input type="checkbox"/>
DIR				<input type="checkbox"/>	<input type="checkbox"/>
DIR				<input type="checkbox"/>	<input type="checkbox"/>
DIR.				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Clive G. Christie* PRESIDENT 327 07 561 8536393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daytime Phone #