

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000000095**

1. Entity Name  
**ENCHANTED HOMES, INC.**



Principal Place of Business  
**260 B PROFESSIONAL PL  
NORTH FORT MYERS, FL 33903 US**

Mailing Address  
**P O BOX 3482  
NORTH FORT MYERS, FL 33918**



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0382730**

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**

**KAPLAN, ADAM D ESQ.  
27499 RIVERVIEW CTR BLVD, SUITE 229  
BONITA SPRINGS, FL 34134**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	FRAZIER, CHARLES B
STREET ADDRESS	11915 KING JAMES COURT
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	T
NAME	FRAZIER, RANAE G
STREET ADDRESS	11915 KING JAMES COURT
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	VD
NAME	GILLESPIE, TOM
STREET ADDRESS	3025 NE JUANITA PLACE
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	S
NAME	GILLESPIE, PEGGY
STREET ADDRESS	3025 NE JUANITA PLACE
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/07-80002-013 150.00

**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:** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-12-07**

Date

**23916567044**

Daytime Phone