## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000031902

City-St-Zip:

NAPLES, FL 34104

FILED Apr 21, 2004 Secretary of State

| Entity Nar  | ne: ENTER                          | RPRISE SYSTEMS, INC       | <b>3</b> .                |  |  |                  |                      |
|---|------------------------------------|---------------------------|---------------------------|--|--|------------------|----------------------|
| Current Principal Place of Business:              |                                    |                           |                           | New Principal Place of Business:             |  |                  |                      |
| 3606 ENTE<br>NAPLES, F                            | ERPRISE AV<br>FL 34104             | /ENUE<br>US               |                           |  |  |                  |                      |
| Current Mailing Address:                          |                                    |                           |                           | New Mailing Address:                         |  |                  |                      |
| 3606 ENTE<br>NAPLES, F                            | ERPRISE AV<br>FL 34104             | /ENUE<br>US               |                           |  |  |                  |                      |
| FEI Number: 65-0409820 FEI Number Applied For() F |                                    | For ( ) FEI Nur           | Number Not Applicable ( ) |  | Certificate of Status Desired ( )                    |                  |                      |
| Name and Address of Current Registered Agent:     |                                    |                           |                           | Name and Address of New Registered Agent:    |  |                  |                      |
|   | DONALD R<br>ERPRISE AV<br>FL 33942 | /ENUE<br>US               |                           |  |  |                  |                      |
| The above in the State                            |                                    | ty submits this stateme   | nt for the purpose c      | of changing it                               | s registered   | office or regist | ered agent, or both, |
| SIGNATUR  | RE:                                |                           |                           |  |  |                  |                      |
| Electronic Signature of Registered Agent          |                                    |                           |                           | Date   |  |                  |                      |
| Election Can                                      | npaign Finand                      | ing Trust Fund Contributi | ion ( ).                  |  |  |                  |                      |
| OFFICERS AND DIRECTORS:                           |                                    |                           |                           | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |                  |                      |
| Title:<br>Name:<br>Address:<br>City-St-Zip:       | BARBER, D                          | RPRISE AVE.               |                           | Title:<br>Name:<br>Address:<br>City-St-Zip:  | (  | ) Change ( ) Add | dition               |
| Title:<br>Name:<br>Address:<br>City-St-Zip:       | BUNNELL, J                         | RPRISE AVE.               |                           | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ST (X<br>BUNNELL, JAI<br>3606 ENTERP<br>NAPLES, FL ( | RISE AVE.        | dition               |
| Title:<br>Name:<br>Address:                       | V<br>ENGEL, ME<br>3606 ENTER       |                           |                           | Title:<br>Name:<br>Address:                  | V ()<br>ENGEL, MELV<br>3606 ENTERP                   |                  | dition               |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip: NAPLES, FL 34104

SIGNATURE: JAMES F. BUNNELL ST 04/21/2004