## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000015122

Entity Name: 460 ENTERPRISE CORPORATION

FILED Apr 26, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	ENTERPRISE . LUCIE, FL 34			
Current Mailing Address:			New Mailing Address:	
2540 NE 6 OKEECH(	SOTH CT OBEE, FL 349	72		
FEI Number	r: 65-0474117	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of C	Current Registered Agent:	Name and Address of	New Registered Agent:
460 NW E	E, CARL V-P ENTERPRISE D LUCIE, FL 34:			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,
SIGNATU	RE:			
	Electror	nic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( MONROE, JAC 460 N.W. ENTE PORT ST. LUC	ERPRISE DR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
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Title: Name: Address: City-St-Zip:	D ( MONROE, PHY 460 N.W. ENTE PORT ST. LUC	ERPRISE DR.	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address:	D ( MONROE, CAF 460 N.W. ENTE		Title: Name: Address:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: CARL MONROE D 04/26/2009

PORT ST. LUCIE, FL 34986

City-St-Zip: