

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90105 041 \*\*\*150.00

DOCUMENT # P95000001487

1. Entity Name

MARTHA P. ENRIGHT P.A.



Principal Place of Business

~~320 WINDWARD WAY~~  
~~NAPLES FL 34103~~  
US

Mailing Address

~~320 WINDWARD WAY~~  
~~NAPLES FL 34103~~  
US



2. Principal Place of Business

200 FOREST LAKES BLVD  
Suite, Apt. #, etc. #202  
City & State NAPLES, FL  
Zip 34105 Country US

3. Mailing Address

200 FOREST LAKES BLVD  
Suite, Apt. #, etc. #202  
City & State NAPLES, FL  
Zip 34105 Country US

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0551882

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ENRIGHT, MARTHA P  
~~320 WINDWARD WAY~~  
~~NAPLES FL 34103~~

200 FOREST LAKES BLVD #202  
NAPLES, FL 34105

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Martha P. Enright PA*

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

3-29-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

TITLE PVPS ☐ Delete  
NAME ENRIGHT, MARTHA P  
STREET ADDRESS ~~320 WINDWARD WAY~~  
CITY-ST-ZIP ~~NAPLES FL 34103~~

TITLE ☐ Delete  
NAME 200 FOREST LAKES  
STREET ADDRESS BLVD #202  
CITY-ST-ZIP NAPLES, FL 34105

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

MARTHA P. ENRIGHT PA  
*Martha P. Enright PA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-29-06

239  
860-7511

Daytime Phone #