

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

DOCUMENT # P95000001487

1. Entity Name
MARTHA P. ENRIGHT P.A.



**FILED
Apr 17, 2007 8:00 am
Secretary of State**

04-17-2007 90238 028 ***150.00



1st MOORE CR2E034 (10/06)

Principal Place of Business 200 FOREST LAKES BLVD 34105 NAPLES FL 34103 US		Mailing Address 200 FOREST LAKES BLVD 34105 NAPLES FL 34103 US	
2. Principal Place of Business - No P.O. Box # 200 FOREST LAKES BLVD		3. Mailing Address 200 FOREST LAKES BLVD	
Suite, Apt. #, etc. # 202		Suite, Apt. #, etc. # 202	
City & State NAPLES FL		City & State NAPLES FL	
Zip 34105	Country US	Zip 34105	Country US
6. Name and Address of Current Registered Agent ENRIGHT, MARTHA P 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 <i>Marta P Enright</i> 4-5-07 <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>			
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. <input type="checkbox"/> \$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	PVPS ENRIGHT, MARTHA P 200 FOREST LAKES BLVD 202 NAPLES FL 34105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Marta P Enright* 4-5-07 239-860-7511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #