


FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000004649


1. Entity Name
OFFENHAUSER ENTERPRISES, INC.



Apr 20, 2006 08:00 AM
Secretary of State

Principal Place of Business
12901-12 MCGREGOR BLVD.
FORT MYERS FL 33919

Mailing Address
12901-12 MCGREGOR BLVD
FT. MYERS FL 33919



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number
65-0551451
Applied For
Not Applicable

5. Certificate of Status Desired
8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
OFFENHAUSER, JEFFREY T
625 ASTARIAS CIR
FORT MYERS FL 33919

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
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, 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 PSTD OFFENHAUSER, JEFFREY T
NAME 12901-12 MCGREGOR BLVD
STREET ADDRESS FORT MYERS FL 33919
CITY-ST-ZIP
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE Change Add
NAME 05/02/06-800883-022 150.00
STREET ADDRESS
CITY-ST-ZIP
Delete

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: Jeffery T. Offenhausen Pres.
Signature and typed or printed name of signing officer or director Date 4-14-06 Daytime Phone # 239-489-3729