

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P95000010166**

1. Entity Name  
**ENTERPRISING SOLUTIONS, INC.**



Principal Place of Business  
**2365-E DEERWOOD LANE  
SAINT AUGUSTINE, FL 32084 US**

Mailing Address  
**2365-E DEERWOOD LANE  
SAINT AUGUSTINE, FL 32084 US**

**DO NOT WRITE IN THIS SPACE**

01242007 No Chg-P CR2E034 (11/05)

4. FEI Number **59-3298109** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CRESPO, JOSE A  
2365-E DEERWOOD LANE  
SAINT AUGUSTINE, FL 32084**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	CRESPO, JOSE A
STREET ADDRESS	2365-E DEERWOOD LANE
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	VSD
NAME	CRESPO, MARY E
STREET ADDRESS	2365-E DEERWOOD LANE
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

1000000722156  
05/02/07-80020-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 807, 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:** *Jose A Crespo* **JOSE A. CRESPO**

**4/19/07 904-825-4768**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deadline Phone #