

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000000667

1. Entity Name
ENTECH ENTERPRISES, INC.



FILED

08 JAN 23 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

2131 N. MERIDIAN RD
#141
TALLAHASSEE, FL 32303

Mailing Address

PO BOX 2130
TALLAHASSEE, FL 32316

2. Principal Place of Business - No P.O. Box #

1915 Angel Hollow Rd.

3. Mailing Address

Suite, Apt. #, etc.

01232008

Chg-P

CR2E034 (12/06)

City & State

Tallahassee, FL

City & State

4. FEI Number

59-3136426

Applied For

Not Applicable

Zip

32308

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLOUD, NEWTON
9176 SMITH CREEK ROAD
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Newton Cloud

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

1915 Angel Hollow Rd

City

Tallahassee

FL

Zip Code

32308

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

Newton Cloud

Newton Cloud President

1/23/08

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, 2008 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CLOUD, NEWTON
STREET ADDRESS 2131 N. MERIDIAN RD., #141
CITY-ST-ZIP TALLAHASSEE, FL 32303 ☐ Delete

TITLE VP
NAME CLOUD, EMMETT
STREET ADDRESS 2131 N. MERIDIAN RD., #141
CITY-ST-ZIP TALLAHASSEE, FL 32303 ☒ Delete

TITLE ST
NAME JENKINS, ANDREA
STREET ADDRESS 2131 N. MERIDIAN RD., #141
CITY-ST-ZIP TALLAHASSEE, FL 32303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

B 1/23/08

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Cloud, Newton
STREET ADDRESS 1915 Angel Hollow Rd.
CITY-ST-ZIP Tallahassee, FL 32308 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400116366574
01/29/08--01038--021 ***150.00

TITLE VP
NAME Jenkins, Andrea
STREET ADDRESS 1915 Angel Hollow Rd.
CITY-ST-ZIP Tallahassee, FL 32308 ☒ Change ☐ Addition

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

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

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

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 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:

Newton Cloud

1/23/08

850-386-6022

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #