

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90076 025 \*\*\*150.00

**DOCUMENT # P96000048233**

1. Entity Name  
**ENQUIP TECHNOLOGIES GROUP INCORPORATED**



Principal Place of Business

**914 MACEWEN DRIVE  
OSPREY, FL 34229**

Mailing Address

**914 MACEWEN DRIVE  
OSPREY, FL 34229**

40000000



04102007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0679925**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**NAIDEL, JEFFREY L  
320 N RIVER RD  
VENICE, FL 34293**

**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 NAME STREET ADDRESS CITY - ST - ZIP	P NAIDEL, ROBERT W. 914 MAC EWEN DRIVE OSPREY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NAIDERL, JEFFREY L. 320 N RIVER RD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST NAIDEL, PATRICIA A. 914 MAC EWEN DRIVE OSPREY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_