


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90511 033 ***150.00

DOCUMENT # P96000086471

1. Entity Name
FERRO ENTERPRISES, INC.



Principal Place of Business Mailing Address

~~11285 SEMINOLE BLVD~~ ~~11285 SEMINOLE BLVD~~
~~SEMINOLE, FL 33778~~ ~~SEMINOLE, FL 33778~~

50045068



2. Principal Place of Business 3. Mailing Address

2840 West Bay Drive **2840 West Bay Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
181 **# 181**

04252005 Chg-P CR2E034 (10/03)

City & State City & State

Belleair Bluffs, FL **Belleair Bluffs, FL**

Zip Country Zip Country

33770 US **33770 US**

4. FEI Number Applied For

59-3404593 Not Applicable

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

6. Name and Address of Current Registered Agent

FERRO, KYLE K
~~102 18TH ST~~
~~BELLEAIR BEACH, FL 33786~~

7. Name and Address of New Registered Agent

Name

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

2840 West Bay Drive # 181
 City **Belleair Bluffs** FL Zip Code **33770**

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: Kyle K Ferro **KYLE K FERRO** Pres DATE: **4-28-05**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FERRO, KYLE	
STREET ADDRESS	102 18TH ST	
CITY-ST-ZIP	BELLEAIR BEACH, FL 33786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2840 West Bay Drive # 181	
CITY-ST-ZIP	Belleair Bluffs, FL 33770	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Kyle K Ferro **KYLE K FERRO** Pres DATE: **4-28-05** 727 394-9727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #