

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000095401



1. Entity Name
ENTREE UNLIMITED, INC.

Principal Place of Business
CLAUDE PEPPER BUILDING
2750 OLD ST. AUGUSTINE ROAD, C-22
TALLAHASSEE, FL 32399

Mailing Address
3236 FAWN HILL
2750 OLD ST. AUGUSTINE ROAD, C-22
TALLAHASSEE, FL 32312

2. Principal Place of Business
3236 Fawn Hill Jr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee

City & State

Zip
32312 Country
USA

Zip

Country

04302004 Chg-P CR2E034 (10/03)

4. FEI Number
26-5359826

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THOMPSON, ANGELA
3236 FAWN HILL
C-22
TALLAHASSEE, FL 32312

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, 2004 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

CEO
THOMPSON, LEO
2750 OLD ST. AUGUSTINE RD., C-22
TALLAHASSEE, FL 32301

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4000035771744
05/07/04--01081--021 **150.00

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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Delete

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 exemption stated in Section 119.07(3)(i), 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: *Leo Thompson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #