

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000010942				
1. Entity Name SETTERICH ENTERPRISES INCORPORATED				
Principal Place of Business 2663 OAK RIDGE RD W TALLAHASSEE FL 32305 US		Mailing Address 2663 OAK RIDGE RD W TALLAHASSEE FL 32305 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent SETTERICH, KELAN M 2663 OAK RIDGE RD TALLAHASSEE FL 32305			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.				



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3425909** Applied For Not Applicable

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

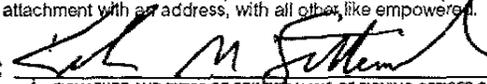
SIGNATURE _____ (NOTE: Registered Agent signature required when turning in) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete	NAME SETTERICH, KELAN M	STREET ADDRESS 2663 OAK RIDGE RD CITY - ST - ZIP TALLAHASSEE FL 32305	TITLE	NAME	STREET ADDRESS CITY - ST - ZIP
					1100000225085 02/11/05-80026-006 150.00
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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:  DATE: **2-9-05** (850) 421-6965