## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT								ILED PR 27 PM	_		
DOCUMENT # P97000022109							F	- OH	3:12		
1. Entity Nam		ENT II, INC.					- A	PR 27 ""	175	•_	
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Principal Place of Business			Mailing Address			—	SEV	MIASSEE	'		
800 N. HIGHLAND AVE., STE. 200			P.O. BOX 4961				IME	· ·			
ORLANDO, FL 32803			ORLANDO, FL 32802-4961				112 <b>00</b> 1 210 101	in ibeli edik delik ébít	H 8308 NGIR NI	let Mail Carle (at	
2. Principal Place of Business			3. Mailing Address			-					
Suite Apt. #. etc.			Suite, Apt. #, etc.			·					14 p) 17 18 b 1
0			O't. 9 Curis			01042		Chg-P	CH2E0	34 (10/03)	-6-45-
City & State			City & State			4. FEIN	Number -34554	104		<del></del>	plied For t Applicable
Zip Country			Zip Country			5. Certi	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current R			egistered Agent		7, Nam	e and A	ddress of New R				
B&C CORPORATE SERVICES OF CENTRAL FLORIDA					Name						
390 N ORANGE AVENUE SUITE 1100				Street Addres	dress (P.O. Box Number is Not Acceptable)						
ORLANDO	), FL 328	01	-								
				<del> ,</del>	City	·····			FL	Zip Code	
<ol> <li>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.</li> </ol>											
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE											
	FEE IS \$150.00 5 Fee will be \$550.00		\$5.00 May ( Added to Fees								
10.	Р	OFFICERS AND D	IRECTORS Delete	11. TITL		ADDIT	IONS/CI	HANGES TO OFF	ICERS AND	DIRECTORS  Change	Addition
NAME KROPP, STEVEN G				IE .					☐ Criange	Addition	
STREET ADDRESS : CITY-ST-ZIP	800 N. HI ORLAND	)	EET ADDRESS '- ST - ZIP								
TITLE	VPS	N CHARLES	☐ Delete	TITU						Change	Addition
name Street address		N, CHARLES GHLAND AVE., STE. 200	)	IE Eet address	n:	<b>800054120878</b> 05/10/0501004009 **150.00			1.00		
CITY-ST-ZIP	ORLAND VP	O, FL 32803	, may	_	-ST-ZIP	<del>-</del>					
TITLE NAME	TUTTLE,	MILLS L	Delete	TITL:						☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	l	GHLAND AVE., STE. 200 O. FL 32803	)		EET ADDRESS '-ST-ZIP						
TITLE	VPAS	·	☐ Delete	TITE	E					☐ Change	Addition
NAME STREET ADDRESS		EY, EUGENE J GHLAND AVE., STE. 200		NAM	IE EET ADDRESS						
CITY-ST-ZIP		O, FL 32803		_	-ST-ZIP						
TITLE NAME	VPAT LAWLER	, THOMAS P	☐ Delete	TITL						☐ Changê	☐ Addition
STREET ADDRESS CITY-ST-ZIP		GHLAND AVE., STE. 200 O, FL 32803	)		EET ADDRESS '-ST-ZIP						
TITLE	VT	0,1 € 32003	☐ Delete	TITL						☐ Change	Addition
NAME STREET ADDRESS	I	R, DAVID M GHLAND AVE., STE. 200	1	NAN STRI	ie Eet address						
CITY-ST-ZIP	-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)(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 eath; 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 efficiency many affects.											
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SIGNAT	UKE: _	OR DIREC	TOR	אן טגין ז	<u> </u>	Date	7 /- e	laytime Phone #	///		
SIGNATURE:  SIGNATURE AND TYPE CO PRINTED AS PROPERTY OF PROPERTY OF THE SIGNATURE AND TYPE CO PRINTED AS PROPERTY OF THE SIGNATURE AND TYPE CO PR											