2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000066947

Entity Name: ENTERPRISE ASSET MANAGERS, INC.

FILED Apr 15, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1112 CHANNELSIDE DRIVE 4100 W. KENNEDY BLVD. TAMPA, FL 33602

SUITE 130

TAMPA, FL 33609

Current Mailing Address: New Mailing Address:

PO BOX 311346

ENTERPRISE, AL 36331

FEI Number: 59-3525266 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MANELLI, DENNIS E WARE, WILLIAM E MR. 4100 W. KENNEDY BLVD. 400 NORTH TAMPA STREET **SUITE 2630** SUITE 130 TAMPA, FL 33602 US

TAMPA, FL 33609 US

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.

SIGNATURE: WILLIAM E. WARE 04/15/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVPS () Delete Title: DVPS (X) Change () Addition EDINGTON, SARAH L Name: EDINGTON, SARAH L Name:

1112 CHANNELSIDE DRIVE 102 BEAM ROAD Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: ENTERPRISE, AL 36331

Title: Title: () Delete (X) Change () Addition

Name: BOYD, JULIAN R Name: BOYD, JULIAN R PRES 1112 CHANNELSIDE DRIVE 4100 W. KENNEDY BLVD., SUITE 130 Address: Address:

TAMPA, FL 33602 TAMPA, FL 33609 City-St-Zip: City-St-Zip:

Title: Title: DVPS DVPS

(X) Change () Addition () Delete WARE, WILLIAM E VP WARE, WILLIAM E VP Name: Name:

1112 CHANNELSIDE DRIVE 4100 W. KENNEDY BLVD., SUITE 130 Address: Address:

City-St-Zip: TAMPA, FL 33602 US City-St-Zip: TAMPA, FL 33602 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: SARAH L. EDINGTON 04/15/2005