

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000013884

1. Entity Name

ENSOR CONSTRUCTION, INC.



Principal Place of Business

118 MILLER SQUARE  
INTERLACHEN FL 32148

Mailing Address

P O BOX 2295  
INTERLACHEN FL 32148

2. Principal Place of Business

3. Mailing Address

■ Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3558533

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

ENSOR, JOSEPH E III  
118 MILLER SQUARE  
INTERLACHEN FL 32148

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

*Gail G ENSOR*

*No Change*

*2/5/05*

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> Delete
NAME	ENSOR, GAIL G	
STREET ADDRESS	118 MILLER SQUARE	
CITY- ST- ZIP	INTERLACHEN FL 32148	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	ENSOR, JOSEPH E III	
STREET ADDRESS	118 MILLER SQUARE	
CITY- ST- ZIP	INTERLACHEN FL 32148	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY- ST- ZIP		
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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 807, 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:

*Gail G ENSOR*

*2/5/05*

*386-684-4004*

Date

Daytime Phone #