


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90038 017 \*\*\*150.00

<b>DOCUMENT # P99000039332</b>	
1. Entity Name <b>TED KULHAN, JR. ENTERPRISES, INC.</b>	

Principal Place of Business <b>4632 SEMINOLE ST FT MYERS FL 33905</b>	Mailing Address <b>4632 SEMINOLE ST FT MYERS FL 33905</b>
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2. Principal Place of Business <b>8109 Pacific Beach Dr.</b>	3. Mailing Address <b>8109 Pacific Beach Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State <b>Ft Myers FL</b>	City & State <b>Ft Myers FL</b>
Zip <b>33912</b>	Zip <b>33912</b>
Country <b>Lee</b>	Country <b>Lee</b>

4. FEI Number <b>26-4297325</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SMITH, WILLIAM R 8191 COLLEGE PARKWAY, SUITE 204 FT MYERS FL 33919</b>	
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7. Name and Address of New Registered Agent Name <b>Richard Winesett</b> Street Address (P.O. Box Number is Not Acceptable) <b>2248 First Street</b> City <b>Ft Myers</b> FL Zip Code <b>33902</b>	
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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: <u><b>Richard Winesett</b></u> _____ (NOTE: Registered Agent signature required when reinstating) DATE _____	
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**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. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KULHAN, TED JR 914 ARROHEAD ELWOOD IL 60423 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KULHAN, GARY 24148 CLAWER CT. MANHATTAN IL 60442 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KULHAN, BOB 612 PECAN GREENVILLE IL 62246 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VD</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Eric J. Kulhan</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PSC 827 Box 281</b> <b>FPO-AE-09617</b>
TITLE <b>SD</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Todd A. Kulhan</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>914 Arrowhead Dr.</b> <b>Elwood IL 60421</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Shawn P. Kulhan</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>5950 Lake Bluff Dr</b>
TITLE <b>TD</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Shawn P. Kulhan</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>381 Clover Ridge Dr</b> <b>Lockport IL 60441</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><b>Ted Kulhan Jr.</b></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>3/23/05</b> <b>815-954-1824</b> Date Daytime Phone #