2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

	ANNUAL REPORT	Secretary of Sta		
DOCUMENT # 9	351832			ciciaiy vi Sta
1. Entity Name ENTERPRISE ACRES	: INC			
ENTERFRISE AGREC	, 1140.			
		CO TI		
Principal Place of Business	Mailing Address			
7100 S HWY 17-92 FERN PARK, FL 32730	7100 S. US HWY 17-92 Fern Park, FL 32730			
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DO NOT	WRITE IN THIS S	PACE	4. FEI Number	Applied For
e e e e e e e e e e e e e e e e e e e			59-3066927	Not Applicable
5 4 4 5 5 3 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			5. Certificate of Status Desired	S8.75 Additional Fee Required
6. Name and	Address of Current Registered Agent		e grange a	
BALDWIN, JOHN A.		افروندن اها و کارون و در در اور در	DO NOT W	DITE
7100 S HWY 17-92			DO NOT WI	NIIE
FERN PARK, FL 32730		e ,	IN THIS SP	ACE
			A STATE OF THE STA	4.3
6 The above several switter such	omits this statement for the purpose of changing its	registered affice or registr	produced or both in the State of Flor	ide. Lem femiliar with and accent
the obligations of registered		registered blitce or registe	ared agent, or both, in the state of hor	da. Tan igitalia wan, and accept
SIGNATURE				
Signature, typed or par	ited name of registered agent and title if applicable (NOTE	E: Registered Agent signature require	ed when reinstaling)	DATE
ਹਮ ' अक्ष FILE NOW!!! FE	F IS \$150.00 9. Election Campai		5.00 May Be	
vAfter May 1, 2008 Fe	De will be \$550.00 Trust Fund Cont	ribution. \square Ad	ded to Fees	
- 10.	OFFICERS AND DIRECTORS	J. 10 10 10 10 10 10 10 10 10 10 10 10 10	W. Marie	, , ,
TITLE D NAME BALDWIN, JC	NLIKI A	9 a 1915 g		
NAME BALDWIN, JO STREET ADDRESS 7100 S HWY		, , , , , , , , , , , , , , , , , , ,	3 4 6	
CHY-ST-ZIP FERN PARK,				774760
TITLE PST			01/08/08-	80003-002 150.00
NAME BALDWIN, JO STREET ADDRESS 7100 S HWY		, No. 1		
CITY-SI-ZIP FERN PARK,			10 10	
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NAME STREET ADDRESS		. 1		<u> </u>
CITY-ST-ZIP			DO NOT W	RITE
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STREET ADDRESS CITY-ST-ZIP				
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FTITLE	رسم من المنابع المنابع والمعالمين	الانتهام المناسبة الم المناسبة المناسبة ال	Freezen 1960 before before and experience of the second se	

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 eport 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 a feddress, with all other like empowered.

John A. Baldwin,

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/08

(407) 834-1424

P Daytime Phone #