

FILED

May 03, 2004 08:00 AM
Secretary of State2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S75919

Entity Name
ENTER LINE CONSULTING INC.Corp. Place of Business
4 DRAYTON ISLAND
GEORGETOWN, FL 32139Mailing Address
284 DRAYTON ISLAND
GEORGETOWN, FL 32139

04262004 No Chg-P CR2E1 34 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3094921Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

1. HAYES, DANIEL D.
2. 284 DRAYTON ISLAND RD
3. GEORGETOWN, FL 32139DO NOT WRITE
IN THIS SPACE

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.

9. SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees000000152618
05/04/04-80091-024 150.00

OFFICERS AND DIRECTORS

1	NAME	D
2	NAME	HAYES, DANIEL D.
3	1 ADDRESS	284 DRAYTON ISLAND ROAD
4	ST - ZIP	GEORGETOWN, FL 32139
5	NAME	
6	1 ADDRESS	
7	ST - ZIP	
8	NAME	
9	1 ADDRESS	
10	ST - ZIP	
11	NAME	
12	1 ADDRESS	
13	ST - ZIP	
14	NAME	
15	1 ADDRESS	
16	ST - ZIP	

DO NOT WRITE
IN THIS SPACE

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 furnished 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 "D" or Block "11" if married, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

386/467-8749

DATE

DR. SIGNATURE