## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 14, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # V56577 ENTERSPORT INC.					07-14-200	05 90076 022 '	***150	.00
Principal Plac	e of Business	Mailing Address				•	2006356	1	
751 NE 34 PL PO BOX 140068							rocc.	-	
GAINESVILLE, FL 32609 US GAINESVILLE, FL 32614 U				5					
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2. Principal Place of Business 1311 MW Tuth Blud		3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			06302005	Chg-P	CR2E034 (1	0/03)	
City & State Gainesvine Fl		City & State		4. FEI Numb 59-314				ed For pplicable	
Zip 32.40	Country	Zip	Coun	try		of Status Desired		5 Additio	· · · · · · · · · · · · · · · · · · ·
32.60	6. Name and Address of Curren	t Registered Agent	L			-	Fee R	equired -	
	v. Namo una Adordo di Garron	t riogistorea Agent		Name	7. Name and	Addiess of New	negistered Agent		
BURKELT, BARBARA A 2830 NW 41 STREET, SUITE 1 GAINESVILLE. FL 32606				Street Address (P.O. Box Number is Not Acceptable)					
GAINESVI	ILLE, FL 32606								
				City			FL	p Code	
8. The above	a named entity submits this statement (	or the nurnose of changing its	ranistara	nd office or re	egistered agent or bo	th in the State of	,	t with on	d accept
the obligat	tions of registered agent.	or the purpose of orlanging to	i logistoit	o onico or re	egistered agent, or bo	iri, iri irie olale ori	riolog. Tallilarilla	1 WILLI, ALI	o accept
SIGNATURE									
0.0	Signature, typed or printed name of registered agen	and title if applicable. (NOT	E: Registered	d Agent signature	e required when reinstating)		DATE		
	LE:NOW!!!-FEE:IS:\$150:00	9: Election Campa	iga Finan	cing -	· ec 00:	<u> </u>		)/ <u> -</u>	
D	ue by September 7, 2005	Trust Fund Cont		~ <sub>□</sub>	\$5.00 May Be Added to Fees	corporation di	e with s. 607.193( id not receive the	prior not	S., the ice.
10.	ue by September 7, 2005  OFFICERS AND	Trust Fund Conf			Added to Fees	corporation di	id not receive the	prior not	ice.
		Trust Fund Conf	tribution.		Added to Fees	corporation di	id not receive the	prior not CTORS IN	ice.
10. TITLE NAME	OFFICERS AND D BURKETT, ORIS L.	Trust Fund Cont	11. TITLE		Added to Fees ADDITIONS	corporation di	id not receive the FFICERS AND DIRE	prior not CTORS IN	ice.
10. TITLE	OFFICERS AND D BURKETT, ORIS L. 751 NE 34TH PL	Trust Fund Cont	11. TITLE NAMI	E ET ADDRESS	Added to Fees  ADDITIONS	CHANGES TO O	FFICERS AND DIRE	prior not CTORS IN	ice.
10. TITLE NAME STREET ADDRESS	OFFICERS AND D BURKETT, ORIS L.	Trust Fund Cont	11. TITLE NAMI STRE	EE ET ADDRESS ST-ZIP	Added to Fees  ADDITIONS.  SAME  (31) ALL  (GCINES)	CHANGES TO O	id not receive the FFICERS AND DIRE □ C	prior not	N 11 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D BURKETT, ORIS L. 751 NE 34TH PL GAINESVILLE, FL 32609	Trust Fund Cont	11. TITLE NAMI	ET ADDRESS ST-ZIP	Added to Fees  ADDITIONS  Seine  (311 ALW)  Could Mean	CHANGES TO OF	FFICERS AND DIRE	prior not	ice.
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D BURKETT, ORIS L. 751 NE 34TH PL GAINESVILLE, FL 32609 D BURKETT, PATRICIA M. 751 NE 34TH PL	Trust Fund Cont	TITLE NAME STREE NAME STREE NAME STREE NAME STREE NAME STREE	ET ADDRESS ST-ZIP	Added to Fees  ADDITIONS  Seine  (311 ALW)  Could Mean	CHANGES TO OF	FFICERS AND DIRE	prior not	N 11 Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-05 352-331-9053

Daytime Phone #