

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 312949

FILED
Apr 22, 2004
Secretary of State

Entity Name: ELSBERRY, INC.

Current Principal Place of Business:

101 BIG BEND RD
RUSKIN FLA, 335721407

New Principal Place of Business:

101 BIG BEND RD
RUSKIN, FL 335721407

Current Mailing Address:

101 BIG BEND RD
RUSKIN, FL 335721407

New Mailing Address:

P. O. BOX 3497
APOLLO BEACH, FL 33572 US

FEI Number: 59-1155164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELSBERRY, DONALD L
101 BIG BEND ROAD
RUSKIN, FL 33572 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ELSBERRY, DONALD L,
Address: 922 BUNKER VIEW DR
City-St-Zip: APOLLO BEACH, FL 33572

Title: VD () Delete
Name: ELSBERRY, BRUCE
Address: 2316 CYPRESS WALK WAAY
City-St-Zip: RUSKIN, FL 33570

Title: VD () Delete
Name: ELSBERRY, GLENN
Address: 121 24TH AVE SW
City-St-Zip: RUSKIN, FL

Title: STD () Delete
Name: ELSBERRY, THOMAS L
Address: 904 ALLERGO LANE
City-St-Zip: APOLLO BEACH, FL 33572

Title: ASTD () Delete
Name: WILLIFORD, LYNDIA KAY
Address: 101 BIG BEND RD
City-St-Zip: RUSKIN, FL 33572

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD L. ELSBERRY

PD

04/22/2004

Electronic Signature of Signing Officer or Director

_____ Date