

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90047 015 ****70.00

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1. Entity Name
ELVIS PRESLEY CONTINENTALS, INC.



Principal Place of Business
2818 WAGONWHEEL CIR.
ORLANDO, FL 32822

Mailing Address
P O BOX 568082
ORLANDO, FL 32856-8082

DO NOT WRITE IN THIS SPACE



07062007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3646310

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANUSZAK, SUE
2816 WAGONWHEEL CIR.
ORLANDO, FL 32822

**DO 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MANUSZAK, SUE
STREET ADDRESS	2816 WAGONWHEEL CIR.
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	VD
NAME	LYNN, PRISCILLA
STREET ADDRESS	2727 MENDELIN ST.
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	TD
NAME	PERRY, BARBARA
STREET ADDRESS	112843 KIRBY SMITH ROAD
CITY-ST-ZIP	ORLANDO, FL 32832
TITLE	ED
NAME	JOHNSON, KAYE
STREET ADDRESS	2715 MENDELIN ST.
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	SECRETARY
NAME	PRISCILLA LYNN
STREET ADDRESS	2727 MENDELIN ST.
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 report as required by Chapter 617, 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:

Sue Manuszak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUE MANUSZAK

7/7/07

407-281-9818
Daytime Phone #