

01/25/2005 16:51

9044648933

\$ 158.75

MANDARIN CC

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90227 043 \*\*\*158.75

# **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P02000054255

1. Entity Name  
**ELTON LEE, INC.**



Principal Place of Business  
**2355 BLANDING BLVD  
 ORANGE PARK, FL 32068**

Mailing Address  
**2355 BLANDING BLVD  
 ORANGE PARK, FL 32068**

66008500



01252006 No Chg-P CR2ED04 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**03-0447939**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CANNADY, ELTON  
 11752 MANDARIN FOREST DR  
 JACKSONVILLE, FL 32223**

DO NOT WRITE IN THIS SPACE

7. 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 of agent or named name of service state and use of electronic.

(NOTE: Registered Agent signature required when filing by mail)

DATE

3-31-05

**FILE NOW! FEE IS \$180.00  
 After May 1, 2005 Fee will be \$550.00**

8. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 may be  
 Added to Fees**

## 9A. OFFICERS AND DIRECTORS

TITLE: P  
 NAME: CANNADY, ELTON  
 STREET ADDRESS: 11752 MANDARIN FOREST DR  
 CITY-ST-ZIP: JACKSONVILLE, FL 32223

TITLE: VP  
 NAME: SCOTT HAMMETT  
 STREET ADDRESS: 1535 Blanding Blvd  
 CITY-ST-ZIP: Middleburg, FL 32068

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
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 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

12. 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 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 fees empowered.

SIGNATURE:

**ELTON CANNADY**

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR

DATE

(904) 291-8398

Daytime Phone #