


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90388 003 ***150.00

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|-----------------------------------|---|
| DOCUMENT # P02000131766 |  |
| 1. Entity Name ELONGATOR, INC. | |

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|---|---|
| Principal Place of Business 717 EAST OAK STREET KISSIMMEE, FL 34744 | Mailing Address 717 EAST OAK STREET KISSIMMEE, FL 34744 |
|---|---|



04022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|---|--|
| 4. FEI Number 56-2306328 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SWART, HARRY J CPA
 717 EAST OAK STREET
 KISSIMMEE, FL 34744

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPST GOODALL, DAVID N PST 1335 AUDLEY DRIVE SEVIERVILLE, TN 37876 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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: DAVID N Goodall / PRES 4/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #