## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 19, 2004 8:00 am Secretary of State DOCUMENT # P03000147328 04-19-2004 90306 026 \*\*\*158.75 US ELPIS ENTERPRISES, INC Principal Place of Business Mailing Address 94055875 745 NE 19TH PL. 745 NE 19TH PL. CAPE CORAL, FL 33903 CAPE CORAL, FL 33903 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 80-0101110 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROMLEIN, DONALD B Street Address (P.O. Box Number is Not Acceptable) 5608 SW 11TH AVE. CAPE CORAL, FL 33914 City Zip Code 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. COLD DE LA GRANDE MAN SIGNATURE Signature typed or printed name of registered agent and (life it applicable) (NOTE: Registered Agent signature required when reinstating). United a DATE A SHIP OF COURSE LOW 9. Election Campaign Financing \$5.00 May Be \*\* 17 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Yr - -After May 1, 2004 Fee will be \$550.00 \_\_\_\_\_\_OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. PCEO ☐ Delete TITLE TITLE .... \_\_\_\_ Change **X** Addition coo ROMLEIN, DONALD B NAME NAME MIGLIACCIO, STEVEN W STREET ADDRESS 730 OAKRIDGE RIVER RD. 5608 SW 11TH AVE. STREET ADDRESS FUQUAY-VARINA, NC 27526 CAPE CORAL, FL 33914 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change X Addition TITLE \$/CSO NAME WARDELL, MARK R NAME 128 BAY POINTE LN. STREET ADDRESS STREET ADDRESS MADISON, AL 35758 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Change 🗔 Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 2 1.84.3 1.00 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 reserver 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 attag like empowered

NTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-04

239-945-4790

Daytime Phone #

FILED