


1092

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000017576

1. Entity Name
ELLIS & ELLIS ASSOCIATES, E2, INC.



Principal Place of Business Mailing Address

1228 7TH AVE. SOUTH P.O. BOX 12644
ST. PETERSBURG, FL 33705 US ST. PETE, FL 33733-2644

DO NOT WRITE IN THIS SPACE



07202005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3183738 Not Applicable

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

6. Name and Address of Current Registered Agent

ELLIS, BENJAMIN D SR.
1228 7TH AVE. SOUTH
ST. PETERSBURG, FL 33705

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 _____ DATE _____
Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES ELLIS, BENJAMIN D SR. 1228 7TH AVE. SOUTH ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO ELLIS-BING, ALTRELL E 1228 7TH AVE. SOUTH ST. PETERSBURG, FL 33705
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08/08/05-80005-006 150.00

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 like empowered.

SIGNATURE: [Signature] 25 July 05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(727) 898-1158