

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

1082  
**FILED**  
**Aug 08, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000017576

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



Principal Place of Business  
1228 7TH AVE. SOUTH  
ST. PETERSBURG, FL 33705 US

Mailing Address  
P.O. BOX 12644  
ST. PETE, FL 33733-2644



**DO NOT WRITE IN THIS SPACE**

07202005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3183738

Applied For  
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

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

(NOTE: Registered Agent signature required when re-instating)

DATE

**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

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

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 898-1158