

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 357341

1. Entity Name
ELLENTON LAND CO.



Principal Place of Business
**ELLENTON LAND CO
3110 CEDAR STREET
ELLENTON, FL 34222 US**

Mailing Address
**ELLENTON LAND CO
3110 CEDAR STREET
ELLENTON, FL 34222 US**



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1310260

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLIAMS, SHARON ANN
3110 CEDAR STREET
ELLENTON, FL 34222**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000197667

01/27/05-80019-018 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, SHARON ANN
STREET ADDRESS	3110 CEDAR STREET
CITY-ST-ZIP	ELLENTON, FL
TITLE	VD
NAME	GAY, JEANETTE H
STREET ADDRESS	713 32ND AVE. DR., EAST
CITY-ST-ZIP	ELLENTON, FL
TITLE	TDS
NAME	GAY, JACK
STREET ADDRESS	713 32ND AVE. DR. EAST
CITY-ST-ZIP	ELLENTON, FL
TITLE	
NAME	
STREET ADDRESS	
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 like empowered.

SIGNATURE:

Sharon Ann Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sharon A. Williams

01/24/05

Date

941-722-7980

Daytime Phone #