

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90101 025 ***158.75

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		
2. Principal Place of Business 5317 28th Ave. E. Suite, Apt. #, etc.		3. Mailing Address 5317 28th Ave. E. Suite, Apt. #, etc.			
City & State Palmetto, FL 34221		City & State Palmetto, FL 34221		4. FEI Number 59-1310260	
Zip 34221		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, SHARON ANN 3110 CEDAR STREET ELLENTON, FL 34222			7. Name and Address of New Registered Agent Name Williams, Sharon Ann Street Address (P.O. Box Number is Not Acceptable) 5317 28th Ave. E. City Palmetto, FL 34221		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, SHARON ANN 3110 CEDAR STREET ELLENTON, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAY, JEANETTE H 713 32ND AVE. DR., EAST ELLENTON, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS GAY, JACK 713 32ND AVE. DR. EAST ELLENTON, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Sharon A. Williams</i> Sharon A. Williams <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				941-722-7980 <small>Daytime Phone #</small>	