

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 433076

Entity Name: ELLISON REALTY, INC.

FILED
Nov 15, 2007
Secretary of State

Current Principal Place of Business:

2226 E. SILVER SPRINGS BLVD.
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

2226 E. SILVER SPRINGS BLVD.
OCALA, FL 34470

New Mailing Address:

FEI Number: 59-1485105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENVER L ELLISON
2226 E SILVER SPRING BLVD
OCALA, FL 34470 US

Name and Address of New Registered Agent:

BARRON, ROBERT D CEO
2226 E SILVER SPRING BLVD
OCALA, FL 34470 US

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.

SIGNATURE: ROBERT DALE BARRON

11/15/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: ELLISON, DENVER L
Address: 537 SE 15TH AVE
City-St-Zip: OCALA, FL 34471

Title: P () Delete
Name: LOWRY, A. GAYLE
Address: 2406 SE 19 CIRCLE
City-St-Zip: OCALA, FL 34471

Title: EVP () Delete
Name: BARRON, ROBERT D
Address: 9585 SW 19 AVE
City-St-Zip: OCALA, FL 34471

Title: VP () Delete
Name: WILLIAMS GRIDER, KAREN
Address: 650 SW 87TH PLACE
City-St-Zip: OCALA, FL 34476

Title: ST (X) Delete
Name: ELLISON, GEORGIA M
Address: 535 SE 15TH AVE
City-St-Zip: OCALA, FL 34471

Title: VP (X) Delete
Name: BRYANT, KIMBERLY A
Address: 5030 SE 3 PLACE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: BARRON, ROBERT D
Address: 9585 SW 19 AVE
City-St-Zip: OCALA, FL 34471

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: BRYANT, KIMBERLY A
Address: 5030 SE 3 PLACE
City-St-Zip: OCALA, FL 34471

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: A. GAYLE LOWRY

P

11/15/2007

Electronic Signature of Signing Officer or Director

Date