

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 544106

1. Entity Name  
ELFERS RRH, INC.



Principal Place of Business  
11635 NW 1ST AVE.  
GAINESVILLE, FL 32607

Mailing Address  
11635 NW 1ST AVE.  
GAINESVILLE, FL 32607

*Handwritten signature*

**FILED**  
05 APR 19 AM 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|  |                                |
|--|--------------------------------|
| 4. FEI Number<br>59-1846320  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CURTIS, JOHN M.  
11635 NW 1ST AVE.  
GAINESVILLE, FL 32607

**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

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>NAVE, SARAH HENDRICKS<br>3326 NW 46 AVENUE<br>GAINESVILLE, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>CURTIS, JOHN M<br>11635 NW 1ST AVE.<br>GAINESVILLE, FL        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | STD<br>CURTIS, GAIL W.<br>11635 NW 1ST AVE.<br>GAINESVILLE, FL      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

600054006966  
05/06/05--01054--004 \*\*158.75

**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)(i), 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

John M. Curtis  
President & Director

3/9/05 352-332-0838

Date

Daytime Phone #