

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 615469
1. Entity Name
ELLIS-VAN PELT, INC.



Principal Place of Business: **1906 N ARMENIA AVE TAMPA, FL 33607 US**
Mailing Address: **P.O. BOX 4117 TAMPA, FL 33677 US**



01282005 No Chg-P CR2E034 (10/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: **69-1905312** Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**GIBBONS, TUCKER, MILLER, WHATLEY & STEIN }
101 E. KENNEDY BLVD. SUITE 1000
TAMPA, FL 33601**

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

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	D
NAME	ELLIS, W. GRAY
STREET ADDRESS	1906 N ARMENIA AVE
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	PD
NAME	ELLIS, EDWARD GRAY
STREET ADDRESS	1906 N ARMENIA AVE
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	VD
NAME	ELLIS, HOWARD J.
STREET ADDRESS	1906 N ARMENIA AVE
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	STD
NAME	VAN PELT, VIRGINIA E
STREET ADDRESS	1906 N ARMENIA AVE
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/05-80128-015 150.00

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: W. Gray Ellis W. Gray Ellis, March 29, 2005 (813) 251-4252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #