

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2006 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



02172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1905312	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

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

000000454123  
03/14/06-80050-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: W. Gray Ellis W-Gray Ellis 2/28/06 (813) 251-4252  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone