

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

*Amended*

05 AUG 11 AM 11:35

<b>DOCUMENT # 616228</b>	
1. Entity Name <b>ELWOOD PROPERTIES INC.</b>	



Principal Place of Business <b>121 10TH ST SO NAPLES, FL 34101 US</b>	Mailing Address <b>P.O BOX 8034 NAPLES, FL 34101 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>4324 Silver Fox Drive</b> Suite, Apt. #, etc.	
City & State		City & State <b>Naples, Florida</b>	
Zip	Country	Zip	Country
		<b>34119</b>	<b>USA</b>



07282005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1902110</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ELWOOD, THOMAS P 121 10TH ST SO NAPLES, FL 34101</b>		7. Name and Address of New Registered Agent Name <b>Gregory A. Collins</b> Street Address (P.O. Box Number is Not Acceptable) <b>4324 Silver Fox Drive</b> City <b>Naples</b> FL Zip Code <b>34119</b>	
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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 *Gregory A. Collins* **Gregory A. Collins** **8/2/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELWOOD, THOMAS P 6751 COMPTON LANE NO NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Gregory A. Collins 4324 Silver Fox Drive Naples, Florida 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELWOOD, MARYLIN W 6751 COMPTON LANE NO NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Randall A. Kurtz 15315 Corsini Way Naples, Florida 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Calvin J. Pratt 4850 Whispering Pines Way Naples, Florida 34103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500058642645</b> <b>08/16/05--01012--017 **70.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 line empowered.

SIGNATURE: *Gregory A. Collins* **Gregory A. Collins, President** **8/2/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #