

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 661691

FILED  
Mar 15, 2008  
Secretary of State

Entity Name: ELSEE INDUSTRIES, INC.

## Current Principal Place of Business:

16858 RIVER BIRCH CIRCLE  
DELRAY BEACH, FL 33445 US

## New Principal Place of Business:

## Current Mailing Address:

16858 RIVER BIRCH CIRCLE  
DELRAY BEACH, FL 33445 US

## New Mailing Address:

FEI Number: 13-1690449      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TUBBS, STEVE MR.  
2300 GLADES ROAD  
SUITE 415E  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LEVINE, LAWRENCE I MR.  
Address: HC 77, BOX 350  
City-St-Zip: HINTON, WV 25951 US

Title: VD ( ) Delete  
Name: LEVINE, MICHAEL F MR.  
Address: 95 SOUTH BEAR SWAMP ROAD  
City-St-Zip: MIDDLESEX, VT 05602 US

Title: SD ( ) Delete  
Name: MILLER, ELLEN K MS.  
Address: 5 WYETH CT  
City-St-Zip: PLEASANTVILLE, NY 10570

Title: VD (X) Delete  
Name: LEVINE, ABNER MR.  
Address: 16858 RIVER BIRCH CIR  
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: TD (X) Delete  
Name: LEVINE, MILDRED MRS.  
Address: 16858 RIVER BIRCH CIR  
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: S ( ) Delete  
Name: SWERSKY, BARBARA  
Address: 245 E 87TH ST  
City-St-Zip: NEW YORK, NY 10028 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: LAWRENCE LEVINE

PD

03/15/2008

Electronic Signature of Signing Officer or Director

Date