

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # 672961 1. Entity Name E & L INVESTMENT CO.	
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Principal Place of Business 110 E REYNOLDS ST STE 700 PLANT CITY, FL 33566	Mailing Address P O BOX 1118 PLANT CITY, FL 33564
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01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2062614	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHUMP, JAMES R. 110 E REYNOLDS ST STE 700 PLANT CITY, FL 33566
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

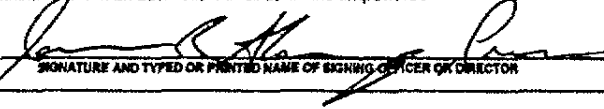
FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VERNER, JOHN V. 110 E REYNOLDS ST STE 700 PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHUMP, JAMES R 110 E REYNOLDS ST PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VERNER, EDWARD M 110 E REYNOLDS ST STE 700 PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BALLEW, PHILIP C 110 E REYNOLDS ST STE 200 PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 807, 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:  2/23/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #