


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90192 049 ***150.00

DOCUMENT # F07888	
1. Entity Name CARL ELLIS ENTERPRISES, INC.	

Principal Place of Business 1917 US 27 NORTH SEBRING, FL 33870	Mailing Address 406 SPOTTED OWL ST SEBRING, FL 33872
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 2213 Woodbine Ave. Suite, Apt. #, etc.
City & State	City & State Lakeland, FL
Zip Country	Zip 33803 Country



01092006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent MCCOLLUM, JAMES F P.A. 129 S. COMMERCE AVENUE SEBRING, FL 33870	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when remitting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	VPS ELLIS, ANGELA V 406 SPOTTED OWL ST SEBRING, FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2213 Woodbine Ave. Lakeland, FL 33803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD ELLIS, CARL M III 406 SPOTTED OWL ST SEBRING, FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2213 Woodbine Ave. Lakeland, FL 33803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:  **1-9-06 (863) 385-4200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #