

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90034 040 ***150.00

DOCUMENT # F07888

1. Entity Name
CARL ELLIS ENTERPRISES, INC.



Principal Place of Business

1917 US 27 NORTH
SEBRING, FL 33870

Mailing Address

2213 WOODBINE AVE.
LAKELAND, FL 33803

2. Principal Place of Business - No P.O. Box #

2213 Woodbine Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Zip

Country

Country

33803

USA

USA

01072008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-2045158

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

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

Carl M Ellis III

Street Address (P.O. Box Number is Not Acceptable)

2213 Woodbine Ave.

City

Lakeland

FL

Zip Code

33803

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

Carl M Ellis III

1-7-08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VPS** ☐ Delete
NAME **ELLIS, ANGELA V**
STREET ADDRESS **2213 WOODBINE AVE.**
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE **PTD** ☐ Delete
NAME **ELLIS, CARL M III**
STREET ADDRESS **2213 WOODBINE AVE.**
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carl M Ellis III

Date

Daytime Phone #

1-7-08