

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90223 049 ***150.00

DOCUMENT # F92000000036

1. Entity Name

ELXSI, INC.



Principal Place of Business

3600 RIO VISTA AVE
SUITE A
ORLANDO FL 32837
US

Mailing Address

3600 RIO VISTA AVE
SUITE A
ORLANDO FL 32837
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

94-2691593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005, Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCD ☐ Delete
NAME MILLEY, ALEXANDER M
STREET ADDRESS 12917 WATERPOINT BLVD
CITY-ST-ZIP WINDERMERE FL

TITLE ST ☐ Delete
NAME DOOLITTLE, DAVID M
STREET ADDRESS 2662 SHINOAK DRIVE
CITY-ST-ZIP ORLANDO FL 32837

TITLE D ☒ Delete
NAME SHAW, ROBERT C
STREET ADDRESS 38385 US ROUTE 45
CITY-ST-ZIP WADSWORTH IL

TITLE V ☒ Delete
NAME LYNCH, KEVIN P
STREET ADDRESS 14 BALDWIN RD
CITY-ST-ZIP WESTFORD CT

TITLE VP ☐ Delete
NAME STENZLER, PAUL
STREET ADDRESS 7680 APPLE TREE CIRCLE
CITY-ST-ZIP ORLANDO FL 32819

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

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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05 (407) 849-1090
Date Daytime Phone #