

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

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**



02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD MILLEY, ALEXANDER M 12917 WATERPOINT BLVD WINDERMERE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DOOLITTLE, DAVID M 2662 SHINOAK DRIVE ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STENZLER, PAUL 7680 APPLE TREE CIRCLE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000523138
05/03/06-80060-009 150.00

**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 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

4/17/06

Date

(407)849-1090

Daytime Phone #