


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # H20726 1. Entity Name ELLYSON PARK INVESTMENT, INC.	
---	---

Principal Place of Business 8900 HIGHWAY 98 WEST PO BOX 3256 PENSACOLA, FL 32516	Mailing Address 8900 HIGHWAY 98 WEST PO BOX 3256 PENSACOLA, FL 32516
---	---



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2464509	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

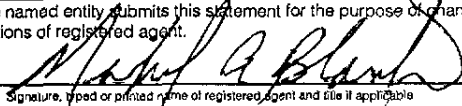
6. Name and Address of Current Registered Agent

BLANTON, MICHAEL A.
8900 U.S. 98, WEST
PENSACOLA, FL 32506

**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)

3/18/05
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

1000000270606
03/21/05-80013-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLANTON, MICHAEL A. 8900 U.S. 98, WEST PENSACOLA, FL
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLANTON, JOLYNE R. 8900 U.S. 98, WEST PENSACOLA, FL
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD BLANTON, MARSHA S 8900 U.S. 98, WEST PENSACOLA, FL
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

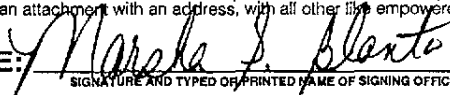
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

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 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

Marsha S. Blanton

3/18/05 860-45616631
DATE Daytime Phone #