


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90186 038 \*\*\*150.00

<b>DOCUMENT # J98696</b> 1. Entity Name ARMISTEAD W. ELLIS, JR., P.A.					
Principal Place of Business 319 N. RIDGEWOOD AVE. DAYTONA BEACH, FL 32114 US			Mailing Address 1339 BEVILLE RD DAYTONA BEACH, FL 32119 US		
2. Principal Place of Business		3. Mailing Address 1500 BEVILLE RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE 606-322			
City & State		City & State DAYTONA BEACH FL			
Zip	Country	Zip 32114-5644	Country	4. FEI Number 59-2856364	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  ADAIR, MELODY H 1339 BEVILLE RD DAYTONA BEACH, FL 32119			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1500 BEVILLE RD STE 606-322 City DAYTONA BEACH FL Zip Code 32114-5644		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME ELLIS, ARMISTEAD W STREET ADDRESS 319 N. RIDGEWOOD AVENUE CITY-ST-ZIP DAYTONA BEACH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/24/05 386-255-2433 <small>Date Daytime Phone #</small>		