## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K03006

City-St-Zip:

FT. MYERS, FL 33908

Entity Name: ELIMINATOR, INC.

FILED Mar 30, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
815 BUTTONWOOD DR. P.O. BOX 6189 FT. MYERS BEACH, FL 33932			1300 MAIN STREET FT. MYERS BEACH, F	1300 MAIN STREET FT. MYERS BEACH, FL 33931	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
PO BOX 6 FT. MYER	S189 RS BEACH, FL	33932			
FEI Number	r: 65-0021080	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name and Address o	f New Registered Agent:	
7227 ĤEN	EORGE W JR IDRY CREEK I RS, FL 33908	ORIVE US			
	e named entity e of Florida.	submits this statement for the p	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	DP ( JENSEN, HUBI P. O. BOX 255 FT. MYERS BE	3	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T ( HENDERSON, 815 BUTTONW FT. MYERS BE	OOD DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP ( GALA, GEORG 7227 HENDRY FT. MYERS, FI	CREEK DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	CHRISTINE GA	) Delete NLA, CREEK DRIVE	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CHRISTINE GALA S 03/30/2005