

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K03006

Entity Name: ELIMINATOR, INC.

FILED
Jan 31, 2007
Secretary of State

Current Principal Place of Business:

1300 MAIN STREET
FT. MYERS BEACH, FL 33931

New Principal Place of Business:

Current Mailing Address:

PO BOX 6189
FT. MYERS BEACH, FL 33932

New Mailing Address:

FEI Number: 65-0021080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALA, GEORGE W JR
7227 HENDRY CREEK DRIVE
FT. MYERS, FL 33908 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: JENSEN, HUBERT E.,
Address: P. O. BOX 2553
City-St-Zip: FT. MYERS BEACH, FL

Title: T () Delete
Name: HENDERSON, DENNIS L.,
Address: 815 BUTTONWOOD DR.
City-St-Zip: FT. MYERS BEACH, FL

Title: DVP () Delete
Name: GALA, GEORGE JR.,
Address: 7227 HENDRY CREEK DR.
City-St-Zip: FT. MYERS, FL 33908

Title: S () Delete
Name: CHRISTINE GALA,
Address: 7227 HENDRY CREEK DRIVE
City-St-Zip: FT. MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: CHRISTINE GALA

SD

01/31/2007

Electronic Signature of Signing Officer or Director

_____ Date