## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **POCUMENT # L09357**

1. Entity Name

ELLEN'S EMBROIDERY, INC.



FILED Mar 18, 2004 08:00 AM Secretary of State

Principal Place of Business 4101 PARK LAKE STREET ORLANDO, FL 32803 US Mailing Address

4101 PARK LAKE STREET 832 MELLOWOOD AVE ORLANDO, FL 32825 U



## DO NOT WRITE IN THIS SPACE

03112004 No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2961858

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRISWOLD, DONALD 832 MELLOWOOD AVE ORLANDO, FL 32825-8037

## DO NOT WRITE IN THIS SPACE

				IIV	I IIIS SPACE	
the obligat	named entity submits this statement for the pilons of registered agent.	urpose of changing its registere	d office or r	egistered agent, or be	oth, in the State of Florida. I am familiar with, and acce	pt
SIGNATURE.	Signature, typed or printed name of registered agent and live if	f applicable. (NOTE: Registered	i Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		<ol> <li>Election Campaign Finan Trust Fund Contribution.</li> </ol>	cing	\$5.00 May Be Added to Fees	U00000092114 03/18/04-80036-006 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT VPS GRISWOLD, DONALD 832 MELLOWOOD AVE ORLANDO, FL	CTORS				•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRISWOLD, ELLEN 832 MELLOWOOD AVE ORLANDO, FL					_
TITLE NAME STREET AODRESS CITY-ST-ZIP				DO	NOT WRITE	
THEE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling 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:** 

CITY - ST - ZIP

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3/11/04

407-895-5309