

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L36810

1. Entity Name
ELITE COFFEE SERVICE, INC.



Principal Place of Business

183 CORRINE PL
KEY LARGO, FL 33037 US

Mailing Address

183 CORRINE PL
KEY LARGO, FL 33037 US

FILED
Apr 07, 2004 08:00 AM
Secretary of State



04032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0161644	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

GARVETT, MICHAEL
183 CORRINE PL
KEY LARGO, FL 33037

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000105772
04/07/04-80039-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GARVETT, MICHAEL 183 CORRINE PL KEY LARGO, FL 33037
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST GARVETT, MICHAEL 183 CORRINE PL KEY LARGO, FL 33037
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-04

305-451-5791