

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L41939

1. Entity Name
ELLISVILLE INVESTMENTS, INC.



FILED
Jul 11, 2008 08:00 AM
Secretary of State

Principal Place of Business
209 SE ST JONS ST.
LAKE CITY, FL 32025

Mailing Address
PO BOX 2817
LAKE CITY, FL 32056 US



07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2987549

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OWENS, DEBORAH S
352 NW SCENIC LAKE DR
LAKE CITY FL, FL 32055

**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, and accept the obligations of registered agent.

SIGNATURE

Deborah S. Owens DEBORAH S. OWENS PRESIDENT 7-8-08

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OWENS, DEBORAH S
STREET ADDRESS	352 NW SCENIC LAKE DR
CITY-STATE-ZIP	LAKE CITY, FL 32055
TITLE	SD
NAME	RIVERS, JANET S
STREET ADDRESS	POB 3353
CITY-STATE-ZIP	LAKE CITY, FL 32056
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Deborah S. Owens DEBORAH S. OWENS

7-8-08

386-755-2764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #