

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90009 048 \*\*\*150.00

**DOCUMENT # L52241**

1. Entity Name

ELAN ELECTRIC ENTERPRISE, INC.



Principal Place of Business

11515 SOUTH BELMACK  
ODESSA FL 33556

Mailing Address

P.O. BOX 818  
ODESSA FL 33556

2. Principal Place of Business

5133 NORTHDAL BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip  
33624

Country

Zip

Country

4. FEI Number

59-2992385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ASHKENAZ, RICHARD  
11515 SOUTH BELMACK BLVD  
ODESSA FL 33556

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5133 NORTHDAL BLVD

City

Tampa

FL

Zip Code 33624

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

*Richard Ashkenaz*

RICHARD ASHKENAZ

02-01-2004

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ASHKENAZ, DAVID	
STREET ADDRESS	11515 S. BELMACK BLVD	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ASHKENAZ, RICHARD	
STREET ADDRESS	11515 SOUTH BELMACK BLVD.	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

*Richard Ashkenaz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-01-2004 813. 960. 0778

Date

Daytime Phone #