2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M70214

1. Entity Name
EL-JON PROPERTIES, INC.

Principal Place of Business	Mailing Address
560 LOURVE DR	560 LOUVRE DR
MELBOURNE, FL 32935 US	MELBOURNE, FL 32935 US

DO NOT WRITE IN THIS SPACE

01032006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-2940131		Not Applicable

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

6. Name and Address of Current Registered Agent

ZAMBROTTO, MARY E
560 LOUVRE DR
MELBOURNE, FL 32935

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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, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PVP	
NAME	ZAMBROTTO, FRANK	
STREET ADDRESS	560 LOUVRE DR	
CITY-ST-ZIP	MELBOURNE, FL	
TITLE	SEC	
NAME	ZAMBROTTO, MARY E.	
STREET ADDRESS	560 LOUVRE DR	
CITY-ST-ZIP	MELBOURNE, FL	
TITLE	VP	
NAME	ZAMBROTTO, FRANK	
STREET ADDRESS	560 LOUVRE DR.	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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01/10/06-80036-014 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #