## .2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Sep 17, 2004 08:00 AM Secretary of State DOCUMENT # M77455 CAUSSEAUX & ELLINGTON, INC. Principal Place of Business Mailing Address 6011 NW 1ST PLACE 6011 NW 1ST PLACE GAINESVILLE, FL 32607 - US GAINESVILLE, FL 32607 US 09142004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2883104 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAUSSEAUX, RORY DO NOT WRITE 6011 NW 1ST PLACE SUITE 700 IN THIS SPACE GAINESVILLE, FL 32607 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be U000000172366 Trust Fund Contribution. Added to Fees Due by September 8, 2004 09/17/04-80006-016 550.00 OFFICERS AND DIRECTORS 10. TITLE DΡ CAUSSEAUX, RORY NAME STREET ADDRESS 10214 SW 23RD AVE CITY-ST-ZIP GAINESVILLE, FL 32607 VP TITLE ELLINGTON, DONNIE NAME STREET ADDRESS 10008 SW 38TH PLACE GAINESVILLE, FL 32607 CITY-ST-ZIP TITLE VΡ WALPOLE, ROBERT NAME STREET ADDRESS 7615 SW 36TH AVE DO NOT WRITE CITY-ST-ZIP GAINESVILLE, FL 32608 TITLE IN THIS SPACE HEWETT, KEVIN NAME STREET ADDRESS 20904 NW 169TH PLACE CITY-ST-ZIP HIGH SPRINGS, FL 32643 IIII F NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 of sustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

like empowered

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

of the corporation or the received

**FILED**