


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 14, 2005 08:00 AM  
Secretary of State

DOCUMENT # M82827 1. Entity Name BRUCE R. ELY ENTERPRISES, INC.	
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Principal Place of Business 4740 126TH AVE. NO. CLEARWATER, FL 34622	Mailing Address 4740 126TH AVE. NO. CLEARWATER, FL 34622
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02112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2891320	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  HADLOW, RICHARD B. 220 SOUTH FRANKLIN STREET TAMPA, FL 33602
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ (NOTE: Registered Agent signature required when reinstating)
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000229057 02/14/05-80064-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PENNY L. CARRIGAN 16238 48TH ST. N. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELY, BRUCE R. 2609 N DUNDEE ST. TAMPA, FL
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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: <u>Penny L. Carrigan</u> Secretary/Treasurer
2/11/05 727-573-1643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR