

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002374

FILED
Apr 30, 2005
Secretary of State

Entity Name: FIFTH ELEMENT ENTERPRISES, INCORPORATED

Current Principal Place of Business:

10899 TAURINA RIDGE DR
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

10899 TAURINA RIDGE DR
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 27-0087315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRYANT, PATRICE
10899 TAURINA RIDGE DR
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRYANT, PATRICE
Address: 10899 TAURINA RIDGE DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP () Delete
Name: RIVERS, DARLENE THOMAS
Address: P O BOX 2847
City-St-Zip: JACKSONVILLE, FL 32203

Title: S () Delete
Name: GATLIN, MILDRED
Address: 7935 LAVENDER LN
City-St-Zip: JACKSONVILLE, FL 32244

Title: T () Delete
Name: HACKLEY, WILLIE
Address: 9341 THOMAS DUKE CT
City-St-Zip: JACKSONVILLE, FL 32219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICE L. BRYANT

P

04/30/2005

Electronic Signature of Signing Officer or Director

Date